01200

CERTIFICAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County City or iown City outside city or town lipids, write RURAL and give nearest town How long in above place of death? Hospital, institution, or street address where death occupred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infants give residence of mother) State All All County City or town (If ootside dity or town limits, water RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) if veteran, name war
3.(a) FULL NAME Arthur Paul Baker	3. (b) Social Security Number
4. Seu 5. Color or race 6.(a) Single, married, widowed, or divorced Male Shrite Sengle 8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days (Fless than one day 18 hrs. min. 9. Birthplace Shripping Coonty, und state) 10. Usual occupation 11. Industry or business Geal Schare, Bakes	MEDICAL CERTIFICATION about 20. DATE DF DEATH February 18th., 19.45, at 1 P: M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 19. and that I tast saw h. alive on 18. Immediate cause of death DURATION killed (frac. both legs and left instant Due to. arm.) Due to.
12. Name 12.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. no gutopsy PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: ff death was due to external causes, fill in the following; Accident, suicide, or homicide. accident Bate of 2-18-45 Where did injury occur? Klondike, Allegany, Md. (City or town) (County) (State)

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE

18. Fuoeral director

(Date rec'd by registrer)

Address

M. D. or other 2-19-45 Maryland Cumberland, Registrar Date signed

of rock

injured at home, farm, todustry, public place (where?) fall

Means of Injury

L GOULA

yes

Injured at work?

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Co. P. Carlotte, C. A. Proposition C. S. (1988) 100.

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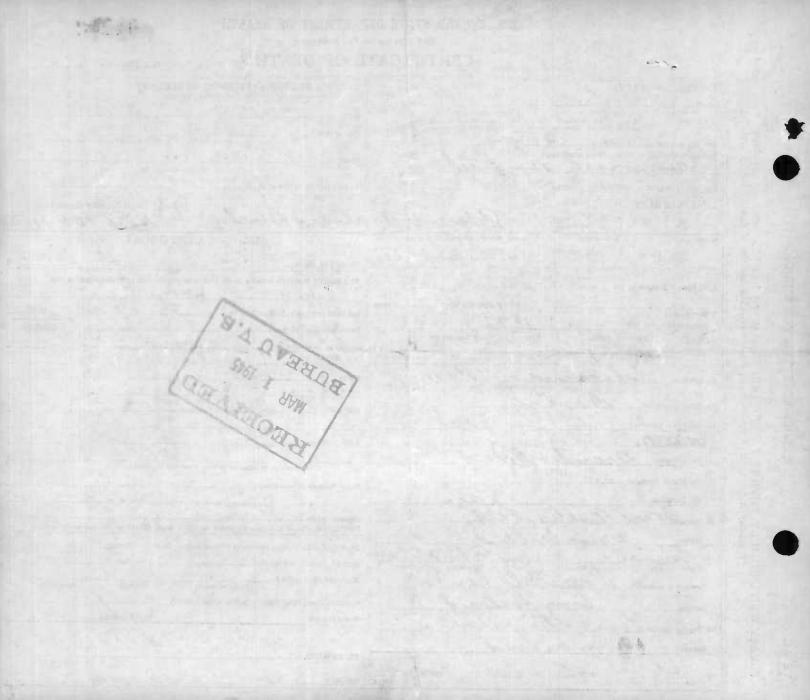
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County ALIEGANY	ATT OUR AND	
Cily or town	******	
How long in above place of death? 45 yes	City or town	
Hospital testitution, or street address where death occurred:	Sireet No. 416 FAYETTE AT.,	
mimoral Applie	(If rural, give LOCATION)	
How long in hospital or inatitution? Three Days	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
	Vordward Beachy) Nor-0241290	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MALE WHITE DIVORCED	20. DATE DE DEATH FEB. 21 1945 at 8:45A M	
8.(b) Name of husband or wife EDITH NAUGHTON	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	12. 2.194/ 10 2.2/.1945	
7. Sirth date of TABY 30 . 6 . 7.	and that I last saw h MM Alive on 2 . 20	
deceased (mo., day, yr.) JAN • 19 18 77 8 A.C.F. Yeara Months Daya If less than one day	Immediate cause of death	
o. Aug.	Opposis rephritise	
68 1 2hra.	min. Hupatersion (Memy)	
9. Birtholace Salisbury - Pa.	Due to	
(Town, cound, and state)	Phone Quela	
10. Usual occupation	Due to the art Disease	
11. Industry or business Own Business		
13. Sirthplace Grantentle and.	Other conditions	
\$ 13. Sirthplace Praveterile and.		
	(Include pregnancy within 8 months of death)	
14. Maiden name EMMA NEFF	Major fiodiogs of operations.	
15. Sirthplage	Date of op.	
16. Informant Mrs Haller Chi	Autopsy results. PHYSICIAN: Please underline the cause to which death shootd be charged statistically.	
Address Cumberland		
17 Anial Date thereof Fit 23	22. VIOLENCE: tt death was due to external causes, till in the following:	
(Burial, cremation, or remove Which?)		
Cemetery or crematory Organ Hill Cland.	Where did injury occur?	
Location Compterland	Injured at home, farm, Industry, public place (where?)	
C/ . /t. , Q.	Meana ot Injury Injurge at work?	
18. Funeral director Communication Supplies the Supplies of th	An 9 91.	
Address himberland.	- t. Williams	
Fal 23 11 11 to 18 Thank	M. Dar other	
(Date rec'd by registrar)	strar Address Ourse augte signed 7. 1.4	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. CUMBERIAND ND . (If outside city or town limits, write RURAL and give nearest town)	State NARYLAND County ALLEGANY BARTON
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital heliution or skeet address where death accurred:	Sireet No.
the track control or traditional 20 downs	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
	3. (b) Social Security Number
MR . JOSEPH BEAN 4. Sex 5. Color or race 6.(a) Single, married, widowod, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	
	20, DATE OF DEATH FEB 24 145 ,217:10 PM
6.(b) Name of husband or wife	21. I CERTISO that death occurred on the date above stated; that I attended deceased from
7, Birth date of	and that I last saw h sam alive on 10 24 1945
deceased (mo., day, yr.) JUNE 26, /892	and that I last saw h Long alive on 19.45
8. AGE: Years Months Days It fess than one day	ant my ocardial
52 7 28hrs,min.	dilitato.
9. Birthplace (Town county and state)	Due to
CONCEDICATON MODITED	Sollow All 12 4d
to, usual occupation.	Gy 10.
TI, industry of Business of the Control of the Cont	To Colind Carona
12. Name JOHN BEAN ND •	Other conditions
	(Include pregnancy within 3 months of death)
14. Melecu Heme	Major findings of operations
SELF \ ON ADMISSION	Date of op
18. Informant	Antopsy results PHYSICIAN: Pleng underline the cause to which depit should be shared statistically
Address 6 Kospital	22, VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal Which?) Date thereof (month) (duy) (year)	Accident, suicide, promicide
Cemetery or crematory	Where did injury occur?
Bretzi md.	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
Location Location	Means of Injury Injury Injured at ward?
18. Funeral director Called Spanish State Control of the Control o	PMINK
Address Megteurrout 2/d	123 SIGNATURE TIMELLES
10 Feb 28 10 457 Winter R. Frants M	M. D. or other
(Date rec'd by registrar) Registrar	Address Oate signed 2 75

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PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

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V	JI,	Fel	A.	y	U

	Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	State Maridand County Allesany
City or town	
How long in above place of death?	City or town (If outside city or town limits, write KURA) and give nearest town)
3ry Jurnacle St	Street No. 324 Junial (If rural, give LOCATION)
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Blongl fred B.	eaks none
4. Sez 5. Color or race 6. Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Growing	20. DATE OF DEATH FULL 6 1945 at 4.4. M
6.(6) Name of husband or wife Annie In Paul	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	1/30/45 19 10 2/6 1945
7. Birth date of deceased (mo., day, yr.) Smarsh of 1864	and that I last saw have on I 3 0 1 5
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
80 18 2hrsmin.	lower lees.
9. 8irthplace (Toyn, county, and state)	Due to October Olecci
10. Usoal occupation Restaurant Keeper:	
11. Industry or business Port	Due to
12. Name Friduish Bish.	Dither conditions
13. Birthplace Sermany	(Include pregnancy within 3 months of death)
14. Maiden name An Annown.	
15. Birthplace	Major findings of operations
18. Informant Ino masset mothersole	Autopsy results.
Address Complexed.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Brace unt & 45	22. VIOLENCE: If death was due to external causes, fill to the following:
(Burial, cremation, or removal. (high?) (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory of Chapter Communication Communicati	Where did injury occur?
Location worker Land.	lojured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury / Injured at work?
Address Comberland.	think to the way
19 Feb. 8 19.45 Hente Porants med	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 3/7/1

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING ADING INK.

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2411 N Charles St. Dalat

Dan III. Charles St., Dalumore 734)				
CERTIFI	CATE	OF	DEATH	

	rice St., Baltimore B.D. ()1204
CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Allegany City or town (If ontside city or town limits, write RURAL and give nearest town)
ow long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town) Street No. 617 South St. (If rural, give LOCATION)
How long to hospifal or institution? 3 hrs.	2.(a) If veteran, name war.
3.(a) FULL NAME Helen Catherine Berryman	3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH JULY 1945 11100 F.
6.(b) Name of husband or wife Melvin R. Berry man 6.(c) If alive, give age year	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day	Immediate cause el death DURATION
9. Birthplace. Cumberland Pliegany, Md. (Town, county, and state)	Due to.
10. Usuat occupation	Due to
12. Name John Brehm 13. Birthplace Pa.	- Dther conditions
14. Maiden name. Anna Cope 15. Birthplace Md.	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mrs. Dorothy W.11	Antopsy results
Address Cumberland, Md. 17. Burial (Barial, cremation, or removal. Which?) Date (hereof. Jeb 5 1995) (month) (day) (year)	22 VIOLENCE, If death was due to external source, till in the following.
Cemetery or crematory Hillcrest Burial Park	Where did injury occur? (City or town) (Connty) (State)
Location Cumberland, Md. 18. Funeral director Louis Stein, Onc.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured af work?
Address Comberland, Md. 18. Jeb. 5 18 45 Winter R. Franta, M. (Date ree'd by registrar) (Registrar)	23. SIGNATURE A M. D. or other Address 49 Green A Date signed 2 2 4

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CERTIFICATE OF DEATH

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	earles St., Baltimore (3)	
CERTIFICA	ATE OF DEATH Reg. Diat. No	
1. PLACE OF DEATH: County City or town. (If outside city or town-limits, was highed and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred: How long in hospital or institution? 2/2. No. W.S.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County	Ly town)
3. (a) FULL NAME George & Bittinger	3. (b) Social Security Num	aber
1. Sex 5. Color of the 6.(a) Single, married, wildowed, or discreted married married	MEDICAL CERTIFICATION 20. DATE OF DEATH. ALL MANY J.J., 19 4.5. 21.	11 9.
6.(i) Name of hysband or wife Managant Asanck 7. Birth date of deceased (mo., day, yr.) April 5, 8 11 less than one day 8. AGE: Years Months Bays If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased the state of the state o	19.16
9. Birthplace D. Alexandra Gown, county, and state) 10. Usual occupation And Manual 11. Industry or business And Manual	Sha : Mehly tite is	2 3 km
12. Name Level Bittainger 13. Birthplace Cunknown 14. Malden name Belica Car But administration 15. Birthplace Fame Garnett Co. Ma	Bither conditions than because the has pital inch	
18. Informant Person, Mil Danaldson	Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statis 22. VIOLENCE: If death was due to external causes, fill in the following;	tically.
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) Cemetery or crematory (DANALL)	Accident, suicide, or homicide	ate)
18. Funeral director Discharacy Md Address Longraning Md	Means of Injury Injured at work?	(10)
19. 2-13 19 41- Mus Maure N. Register	Address Addres	117/45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

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٧.	Diat.	No.]	

CERTIFICA	ATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write JUFAL and give nearest town) Street No. 226 (If rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	2.(a) If voloran, name war
Jus Mary agues	Boether Hone
4. 30x 4. 30x 4. Solor or race 4. (a) Single, married, widowod, of divorced 4. Married 6. (b) Name of husband or wife. Solor S	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIF That doath occurred on the date above stated; that Lettended deceased from 19 10 10 11 11 11 11 11 11 11 11 11 11 11
7. Birth date of doceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day Zhrs.	Immediato causo of death DUNATION Cereptal Remarrhage / day
9. Birthplace Dearly (Town, county, and etate) 10. Usual occupation	Bue to.
11. Industry or business at House	Due to.
12. Hame George Whitefield 13. Birthplaco Scotland	Differ conditions Districtes 2 ym.
1 - 5	(Include pregnancy within 3 months of death)
14. Malden name. Catherine 15. Birthplace Dreland	Major Endings of operations. Date of op.
18. Informant John A Ballie	Antopsy results
Address 226 averett live - Cumb. 1 17. Bural (Burial, cremation, or removal, Which?) Date thereof. Fab. 14, 194 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Hillcrest Cometer	Where did lajury occur?
Location Cumberland M.C.	Unjured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director John J. Haffer Address Cumberland Vara.	PA Srevaskis m. S.
19. Feb. 14, 19 45 Winter & Frants Megistras	23. SIGNAVERE M. D. or other Address Address Date signed 45.

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MARYLAND STATE DEPARTMENT OF HEALTH

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Miller Prouve	2411 N. Charle	es St., Baltimore	01207
	CERTIFICAT	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) O (For rewborn infants give residence of State	mother) Allegany
How long in hospital or institution?	tel	Street No. (If rural, give 2.(a) ti veteran, name war.	
3. (a) FULL NAME Ralph	Childs 1	Bowen	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
male White She	anned	20. DATE OF DEATH Jely 28	19 4 7 91 12:31
G.(b) Kame of husband or wife. Pase Ca	llaghan	21. I CERTIFY that death occurred on the daie abo	
) If alive, give ageyears	and that I last saw h alive on To	L-28
deceased (mo., day, yr.)	1004	Immediate cause of death	
3. AGE: Years Months Days	If less than one day	ty festention.	10 4
00	inrs. min.	Ch' my oraid	14
9. Birthpiace (Town, county, and a	tate)	Bue to	
10. Usual occupation Physici	en		
11. Industry or business		Oue to	
	men	Other conditions	
12. Name	rd.		
~ / / / / / / / / / / / / / / / / / / /	wen	(include pregnancy within 3 r	months of death)
14. Maiden name	Ond.	Major findings of operations.	
// AA 1/2	Parage /		-
16. Informant Laph Financia	0 1	Autopsy results	
Address Sunnight	com.	22. VIOLENCE: If death was due to external cau	ises, fill in the following;
(Burlai, cremation, or remove). Which?	of (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory of Peter	Cambo Com	Where did injury occur?(City or town)	(County) (State)
1. 1.1	and.	Injured at home, farm, Industry, public place (w	
Location	9	Means of Injury	Injured at work?
18. Funeral director	N UMC		
Address Consten	ford.	23. SIGHATURE LINE QUE	Everhant M.D.
//	TAIN VT DAG T	(co. digital differential dispersion of the control of the contro	M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1977

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ζ.	Dist.	No	

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany City or town Cumberland, Maryland (If outside city or town limits, write RURAL and give neare	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State
How long in above place of death? 20 Hospital, institution, or street address where death occurred: Memorial Hospital	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 517 South Street (If rural, give LOCATION)
How long in hospital or institution?	
3.(a) FULL NAME Mrs. Mary Bowers	3. (b) Social Security Number
Female S. Color or race 8.(a) Single, married, widowed, or di	worced MEDICAL CERTIFICATION 20. DATE OF DEATH
\$.(6) Name of husband or wife John Bowers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of deceased (mo., day, yr.) June 12 1869	and that I last saw h. L. L. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
75 7 28hrs	min, Beneraly es.
9. Birthplace	Due to
12 Name Henry Appel 13. Birthplace Maryland	Other conditions
14. Maldeo oams HAnne HSlider 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant Memorial Hospital Address Cumberland, Maryland	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or reproval. Which?) Cemetery or crematory Cemetery or crematory Cemetery or crematory Cemetery or crematory Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide
18. Funeral director de man Stemp Sace.	Injured al home, tarm, industry, public place (where?) Means of injury Injured at work?
Address Commercial	WF. Williams
19. Feb. 18 1945 Winter K. Chan (Date rec'd by registrar)	Registrar Address Cumbaland Bate signed 7-14

ADING INK. Supply every item of information carefully. The complexicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 121

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CEDTIFICATE OF DEATH

CERTIFICATE OF DEATH Reg. Dist. No.						
1. PLACE OF DEATH: County		Slate. ID. C. C. City or town. FRIEIDSVIII (If outside city or town limit Street No.	ounty GARRETT LE its, write RURAL and give nea	J		
3. (a) FULL NAI EMMA	F. BOYD				3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a) Single, marrie	d, widowed, or divorced	MEDICAL C	CERTIFICATION	
FEMALE	WHITE	WII	DOWED .	20. DATE OF DEATH. FRD. 4	10 45	40.95/
6.(6) Name of husbar	IN OI WITCH	ERT BOYD		21. I CERTIFY that death occurred on the date at	bore stated; that I attended deces	ased Irom
7. Birth date ol	(y.) AUG. 3,	5.(c) II ally	e, give agey	and that I last saw halive on	11-4	19.4
8. AGE: Yes		Days tlle	ss than one day	Inmediate cause of geath	77	DURATION
10. Usual occupation 11. Industry or Susing 12. National 12. National 13. Birthplace			10.	Dither conditions		
14. Malden nam 15. Birthplace	. Christ	is at Bene 1.	8. a.	(Include pregnancy within 3 Major findings of operations.	honghand at	
Address CUMBERLAND, MD.			PHYSICIAN: Please underline the cause to v		statistically.	
(Burlai, crematic	on, or removal, Which?)	Date thereof	(month) (day) (year)	22. VIOLENCE: Il death was due lo external ca	Date ot	
Cemetery or crematory. O'llubswille Cem		Where did injury occur?(City or town) Injured at home, tarm, industry, public place (
Location	Tron	Arren-		Means of injury	Injured at work?	
18. Funeral director. Address	gone	rel o	strule	71. G.	Gracie	_
19. Leb.	7. 19.45 registrar)	Winter	R. Franky	23. SIGNATURE.	M. D. o	or other TU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

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CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegaacy	(For newhorn iofants give residence of mother)
City or town (If outside city or town limits write RURAL and give nearest town)	Stafe County
	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veferan, name war
3. (a) FULL NAME	3. (b) Social Security Number
augustius Brail	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowrd	7, 13, 15, 6
made Trans majoring	20. DATE OF DEATH Sebruary 12 1940, at 9:00 A.
8.(6) Name of husband or wife. Many a Poudlebury	21. I CERTYPY that death occurred on the date above stated; that totaled deceased from
	Deplembro 70 44 10 JEb. 12 19 45
7. Birth date of	and that I last saw h un offye on Ebourg 62 19 405
deceased (mo., day, yr.) Queq, 27, 1862	Immediate cause of death My Ocardities DURATION
8. AGE: Years Months Days It less than one day	Immediate cause of death.
82 5 16hrsmin.	1
	Osta a Adlance
9. Birthplace The Savage and state)	Due to Due to
3 00 4	Chronic Rephritis.
10. Usual occupation.	Due to.
11. Indostry or business 9. 17.	
12 Name austre Brailer	Other conditions Facegreen Kt. / vot,
12. Name de grostère Brailer	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace many due	Date of on.
16 Interment Gaerle M Bearley	
1011	Antopsy results
Address Cerubiland and	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removar. Which)	
1 - 0 - 1 0	Accident, suicide, or homicide
Cemetery or crematory Alacks Lees	Where did injury occur?
Location my davage md.	Injured af home, farm, industry, public place (where?)
P', At-	Means of Injury injured at work?
18. Funeral director Access Many Duce	Injure at total
Address Carella land and	William E. Misely M.
1 / 11 11 11 11 11	23. SIGNATURE M. D. or other
19 J. Ch. 14 1945 Veronies m Demit	mr Lovage med. Jeh, 14-19.
(Date rec'd by registrar) Registrar	Address Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County City or town. (If ontside city or town limite, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death ordured:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	3. (b) Social Security Number
Clivira d. 15	Bullack none
4. Sex 4 5. Color or race 6.(a) Single, married, wildowed, or divorced Warried Pingle A Bulland	MEDICAL CERTIFICATION 20. DATE DF DEATH 22 1945 at 5,45 h
6.(6) Name of husband or wife Caraca Survey	19.43 to 19.43 to 19.43 19.43 19.43 19.45
8. AGE: Years Months Jays If less than one day 19 11 31	Due 10. A . A . T
9. Birthplace	Due to of Pregnancy
12. Name Christians Merrhach. 13. Birthplace Rural Ma Grantfulle, Ma.	Other conditions The They Revent (Include Company within 8 months of death)
14. Maiden name Musual Special Significants Med.	Major findings of operations Date of op.
Address R. Al. 1 Salishury. Pa.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of
Cemetery or crematory. Mersegalle	Where did injury occur?
19. Funeral director Man Ministering Address Grantanelle Mil	Means of injury Injured at work?
19. 2 - 22 (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address TOI Ving Mate signed 2-22 45

MARTARD STATE DEPARTMENT OF BEALEST

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Vul	31120		DEPARTMENT OF HEALTH 01212
P'hy	80 B		arles St., Baltimore Re-Q
M	Tec.	CERTIFICA	ATE OF DEATH Reg. Dist. No.
UII.	ly:	1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in facts give residence of mother)
	The	Read Culleda & Rural	State Ja & County Oller
	nd 10	(If outside city or town limits, write RURAL and give nearest town)	Moss Cumberland, Keeral,
	y an	How long in above place of death?	Street No. 7 2 While RIRAL and give nearest town)
	earl	Pallinge Gibe, NI, 7	(If rural, give LOCATION)
	tior h cl	How long in hospital or institution?	2.(d) tf releran, name war.
	information carefully. The co of death clearly and legibly:	Mrs Nang alberto	Chance 3. (b) Social Security Number
		4. Set 5. Color or race 8.(a)Single, martid, widowed, or divorced	MEDICAL CERTIFICATION
BINDING	item of	Female White Widowed.	20. DATE OF DEATH. 126: 26 19.40 nt 4 P. M
QN .	(0)	8.(6) Name of husband or wife Deroy Chaney	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
	every if	7. Sirth date of	ars (1940) to (1947)
FOR	ly eve write	deceased (mo., day, yr.) Le 4, 1855	and that last saw had alive on 18 to
		8. AGE: Years Months Days If less than one day 2 /8hrs	<u>a</u>
P4	. 70.	0 1 1 1 1 1 1 1 2	1 Bear Miller W Of Breeze Walls
ESE	INK ins:	9. Sirihpiace	Due to State To Control To Contro
E E	icia	10. Usual occopation. Houseworks	Due to
MARGIN	ADIN Physic	11. industry or business	
IAR	Fe.	12. Name Colect Christie	Other conditions
	42		(Include pregnancy within 3 months of death)
C	WITH ON important.	14. Malden name Mary Jack Selly 15. Sirthplace Ollany Co, Wy	Major findings of operations.
		18. Informant My so John M. Youlses	Autopsy results.
	PLAINLY, is especially	Address P. F. D. & Bumberland Ju	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	AIN	13. 0 Fol-21/1911	22. VIOLENCE: If death was due to external causes, fill in the following;
	E s	(Burial, cremation, or removal, which!)	Accident, suicide, or homicide. Called See 1 1 2 1 5 1 4 5 1
	WRITE	Cemetery or crematory	(City or town) (County) (State)
		Location of State of	Means of injury Sleffoul and Sol i injured at work? Mos
A15	E	18. Funeral director	DAIN O
A A	PLEASE	Address Cereful er land, Mrd	23. SIGNATURE M. D. or other
>	D.	19. Cl. 2 14 19 45 Miles Const. M. (Date reed by registrar)	

HEADING TO THE PROPERTY OF THE PARTY OF THE THAT UND SEED OF SEED OF ZOU / Recolumn 1245 SHOT Y STRUCT

ADING INK. Supply every item of information carefully. The correl Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

01213

leg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Vallegamy	(For jewborn infants givs residence of mother)
Cily or lown. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 20 920	City or town
Hospital, Institution of street address where death occurred:	Sie the man is a le
8/14 memoral are	Sireel No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William & lo	Seman! 3. (b) Social Security Number
5. Color or race 6.(a) Single, plarried, proceed	MEDICAL CERTIFICATION
male White Single	20. DATE OF DEATH 10 15/5 21/0 45
6.(b) Name of husband or wife.	94 T CERTISY that double seasoned on the date shows stated, that I alteredad descreed from
	1977 10 5306.10, 19.4
7. Sirth dale of	years and that I last sawh allve on Fig. 5
deceased (mo., day, yr.) 1865	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
791hrs.	
Baltimore Ind	Die 10 Manua 3 wsk
9. 8 rihpiace	
10. Usual occupation In Interest)
11. Industry or business	Due 10
12. Name from Colleman 13. 8irtholace 92cland	Other conditions
	(Includs pregnancy within 3 months of death)
14. Maiden name. Many daniel 15. Strthplaca 9reland.	Major findings of operations.
2 15. 8trthplaca Greland.	Bale of op.
16. Informani Ital A Coleman	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (modestang)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	
14 Falinaha Man	/ Whore did fairry occur?
Cemelery or cromatory	Where did injury occur?
Location Comments Land:	injured al home, farm, Industry, public place (where?)
18. Fueeral director. Loring Steen Da	Means of injury injured at work?
1 1 1	
Address Completion :	23. SIGHATURE
10 Sel. 12. 10 45 Whiter K. Osparta. M	M. D. or other
(Date rec'd by registrar)	strar Address Date Hened 6-12, 194

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FEB 21 1945

BURDAU V.S.

RECEIVED FEB.13 1945 BUREAU V.S. 1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

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eg.	Diat.	No.	*********	7	

County allegang	· (Fo) newborn infants give residence of mother)	
	State maryland county Allega	my_
City or town	City or lown Connter land	
How long In above place of death?	City or town	nearest town)
Hospital, Institution, or street address where death occurred:	Strapi No la S.3 12) aku at.	.,
633 122/8W St.	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME Dand a braus	3. (b) Social Securi	ity Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male White married	20, DATE OF DEATH #36- 3 19.44	5 1 605
San Allrich	21. I CERTIFY that death occurred on the date above stated; that I attended d	
6.(b) Name of husband or wife 6.(c) If alive, give age 6.3 yes	Jan 29 1945, 10 H26	3 1945
7. Birth date of	ars and that I last saw h / M alive on 77 96 3	1.0
deceased (mo., day, yr.) Wat 6 18 11	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Sifitamia	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
73 3 28hrs.		
9 Birtholaca Kenses M. Va.	Due to a confunction on make	3 who
9. Sirihpiace (Town, county, and state)	Due 10	
10. Usual occupation Abert metal worker		Messessessessessessessesses
Wat:	Due to	8000000
11. Industry or business Village	5,17	
12. Hame David K. Cosanford. 13. Birthplace W. Va.	Bther conditions A Lawrence	const year
13. Birthplace	(Include pregnancy within 3 months of death)	
14. Maiden name bellie / tashman.		
14. Maiden name. Mull frankman. 15. Birthplace Ond.	Major findings of operations	
=1 15. Biringiace	Bate of op	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
16. Informant Man Million Branch	Autopsy results.	
Address Com Anland Ind.	PHYSICIAN: Please underline the cause to which death should be charge	ged statisticany.
Reciel Sula h 11	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory dulleges Leans.	Where did injury occur?	(State)
March land	Injured at home, farm, Industry, public place (where?)	
Location	Means of injury injured af work?	
18. Funeral director	and the state of t	
Address Combestered	1617	27)
21, 41021	23. SIGNATURE M.	D. or other
19. (Dato rec'd by registrar) 19. Registr	ar Address 125 Bedford Som Bate sign	nod 2-5/45
(Date for a place programme)	Addition of the state of the st	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93.1

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g. Diat.	No	• •	4

CERTIFICAT	TE OF DEATH Reg. Diat. No. 9
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County (if outside city or town limits, write RURAL and give nearest town) Street No. (if rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex (5. Color of race 6.(a) Single, married, widowed, or diverced Fundle White Widowed 6.(b) Name of husband or wife. Frederick O. Cereme	MEDICAL CERTIFICATION 20. DATE OF DEATH Telescory 25 19 75 at 47 at 21.1 CERTIFY that death occurred on the date above stated: that t attended deceased from 20 15 45 to 70 70 19 45
7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Nonths Days If less than no day Agency The property of the prope	Immediate cause of death DURATION Chronic mysessites 298:
9. Birthplace (Town, country, and state) 10. Usual occupation (Town, country, and state) 11. Industry or business	Due to. Otter oclesos: Other conditions Chronic Chalicyphilia.
12. Name Card Land Land Land Land Land Land Land Lan	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Address 1 3 5 Swales St-Frestle, grad 17. Bural, cremation, or removal. Which?) Date thereof. 2 1/1/9 4 5 (Burial, cremation, or removal. Which?)	Autopsy results. PHYSfCIAN: Pfease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, flil in the tollowing; Accident, suicide, or homicide
Cometery or crematory Location 18. Funeral director	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) (Injured at work?)
19. 2-26 19.45 Massey H-Registrar 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	23. SIGNATURE Address Dostburg, M.D. ogother Address Dostburg, M.D. ogother Dato signed C/4.5-

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CEPTIFICATE OF DEATH

N	2411 N. Charle	s St., Baltimore 940	
	CERTIFICATE OF DEATH Reg. Diat. No4		
information carefully. The corr of death clearly and legibly.	1. PLACE OF DEATH: County	City or town O-lico C	write RURAL and give nearest town)
1	3. (a) FULL NAME		3. (b) Social Security Number
dea	Mrs Licendia La	via	none
the causes	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Jemale While	MEDICAL CE	RTIFICATION 15
	6.(b) Name of husband or wife. Edward Davis	21. I CERTIFY that death occurred on the date about	re stated: that rejembed deceased from
3	7. Birth date of deceased (mo., day, yr.)	and that I lest saw here alive on see	V / 2
lease wire	8. AGE: Years Months Days tfless than one day 4 4hrsmin.	Impediate cause of death	Clusica DURATION
	9. Birthplace. Ohio Pylo-Fayello Co. Pa.	Due to.	
	10. Usual occupation	Due to	
	11. Industry or business 12. Name 13. Birthplace Ohio Fyld The state of the sta	Other conditiona	
is especially important.	#I 11 0 0	(Include pregnancy within \$ n	
	14. Maideo name	Major findings of operations	
	18. taformant Was Effice Organisms	Autopsy results	
	Address 301 Galloure Februs 1945	-22. VIOLENCE: If death was due to external causes, fill in the following:	
	(Burial, cremation, or regoral, Waich?) Bate thereof (manth) (day) (year)	Accident, suicide, or homicide	
	Cemetery or crematory. Tolland August Committee	Where did injury occur?(City or town)	
	Location Washington A.	lejured at home, farm, industry, public place (wi Means of tojury	Injured at work?
	18. Funeral director. John John John Address Cumberland and	PARI	revaskis m. 5,
)	19. Feb 14 19 45 Winter R. Drautz, M. D. (Duto rec'd by registrar)	Addressee Levelerlas	M. D. of other 1 ml Date signed 2/14/45

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MARTING STATE DEPARTMENT OF HEALTH OF THE SERVICE O

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FEB 21 1945

BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

y Ul		2411 N. C	DEPARTMENT OF HEALTH harles St., Baltimore 73 (1218 4 ATE OF DEATH Reg. Dist. No. 4
How long in above place Hospital, Institution, or RFD	Cumberl Cumberl outside city or town i of death? for streel address where	death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother) State Cumberland (If outside city or town limits, writa RURAL and give nearest town) Street No. RFD. L. Cumberland (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAM	E		3.(b) Social Security Number
Cl	arence K.	Defibauch	214-07-1922
4. Set	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Single	20. DATE DE DEATH FILE- 10 195 81 6 G
7. Birth dale of deceased (mo., day,	yr.) Janu		years and that I last sow how alive on 19.1. Immediate cause of death DURATIO
69	0		min.
	Mac Celens Fran	edford Co. Penna county and state) henist e Corp ces S Defibaugh	VIII.O SONIALIONE
当 14. Malden name.	Kat	herine Earnest	(Include pregnaucy within 3 months of death)
14. Malden name.		Corner, Pa.	Major findings of operations.
		nce K. Defibaugh	Autopsy results.
Address RFD # 1, Cumberland, .d.			PHYSICIAN: Please underline the cause to which death should be charged statistically.
	or removal. Which?		22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Location	Cumb	erland, Md.	
18. Funeral director	William	H. Kight	Means of Injury Injured at work?
Address	-	erland, Ad.	Misser
19. Del . /	7 1845 gistrar)	Unites R. Frantz	M. D. or other trar Address 33 2

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FEB 21 1945
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2411 N. Charles St., Baltimore 93 2

CEDTIFICATE OF DEATH

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Date signed

CERTIFICAL	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County Classics for S. C.	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of E	nother)
City or town	City or town Teutsto	, write RURAL and give nearest town)
Nospital, lostitution or sirect address where death occurred:	Street No. Caral (If rural, give	LOCATION)
Now long in hospital or institution?	2.(a) tf veteran, name war	
3. (a) FULL NAME Josiah green D	olly	3. (b) Social Security Number
4. See 5. Colodo raca (6.(a) Single, Harried, wildowed, or divorced Walle Warred	MEDICAL CE	ERTIFICATION 8
8.(b) Name of husband or wife. Clers & olly. 6.(c) If alive, give age. years	21. I CERTIFY that death occurred on the date about	ve stated; that tattended deceased from 4 4 to Felician 24 18 4 5
7. Birth date of deceased (mo., day, yr.) Feb 25, 1868	and that I last saw h	DURATION DURATION
8. AGE: Years Mooths Days I if less than one day	my tree her	* Julius myen
8. Birthplace Pendleton County W. Va:	Due to Chimin	sandia and
10. Usual occupation. Usual Samuel January.	Due to.	The second secon
# 12. Name Go Woshington wally	Other conditions an Curricu	mi krul
13. Birthplace	(Include pregnancy within 3 n	nonths of death)
14. Malden came Phoebe Jane Misamore 15. Birtholace Dinaming	Major findings of operations	***************************************
E 15. Birthplace Victoria		
16. Informant	Autopsy results	ich death should be charged statistically.
Address Thursday Date thereof May 2,1945 (Burial, cremation, or removal, Which?), Date thereof May 2,1945	22. VIOLENCE: If death was due to external cau	./ .
B. It. a Country	Where did injury occur?	
Cometery or crematory Flutations and	(City or town) Injured at home, farm, industry, public place (wi	
0.0 0. 260.	Means of Injury	Injured at work?
Address Chuberland W.A.	(Mr.	in MU
19. Mar 2 19 45 Winter R Franty M.	23. SIGNATURE	M. D. or other M. D. or other

Registrar

Address.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Contribution Labor Es

(Date rec'd by registrar)

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CHARLES OF THE STREET

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MAR 6 1945

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 337 information carefully. The correct of death clearly and legibly. CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town hmits, write RURAL and give nearest town) (If outside city or town limits, write RUKAL and give nearest town) How long in above place of death?.. Nospilal, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veleran, name war..... 3. (a) FULL NAME Dom 3. (b) Social Security Number 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i ARGIN RESERVED FOR BINDING 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife ... 45 .6.(c) If alive, give age . Supply eve 7. Birth date of deceased (mo., day, yr.) Immediate cause of death DURATION Months Days If less than one day 8. AGE: Years Id ADING INK. (Town county, and state) 10. Usuat occupation. 11. Industry or business Dom important. 13. Birtholace (Include pregnancy thin 3 months of death) 14. Maiden name Major findings of operations. 15. Birthniace PLAINLY, vis especially 16. Informant PHYSICIAN: Please andertine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof. Accident, suicide, or homicide. (month) (day) (rear) WRITE Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured of work? Means of injury 18. Funeral director. EA Address

DESCRIPTION OF PRACTICAL

RECEIVED
HAR 6 1945

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2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

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		CERTIFICATION OF THE PROPERTY	Reg. Dist. No.	
1. PLACE OF DEA	any		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
City or town(If or	Cumber 1 atside city or town line at death?	and AURAL nits, writs RURAL and give nearest town)	City or town R. F. D. 1 Cumberland (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or Celan	street address where d	eath occurred: America	Sireet No. LaVale Blad (If rurai, give LOCATION)	
How long in hospital or	Institution?	Lday	2.(a) If veteran, name war	
3. (a) FULL NAME Reu	ben Clyde	Douty	3. (b) Social Security Number 214 - 05 - 6444	
4. Sex	S. Color or race	8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION A	
Male	White	Married	20. DATE OF DEATH February 26th. 19 45 21 10.55	M
		e Harold S.(c) If alive, give age year	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth dale of deceased (mo., day, ye			and that t last saw h	_
57	6	An hrs. min	Coronary Occlusion	
9. Birthplace	NOT CIT	Buffalt Jarps Pas	Due to	•••••
10. Usual occupation 11. Industry or business		nese Co.	Oun to	
質 12. Name Fra	ank S. Dout;	intonto. Pa.	Other conditions	
	Sararic	Yorkto Erro	(Include pregnancy within 3 months of death) Major fladings of operations.	
15. Birthplace	In	in Pa.	Dale of op.	
		Douty	Antopsy results	
17 Burial (Buriat, cremation,	LaVale, Mo	Date thereot Mar. 1 1945.	22. VIOLENCE: If death was due to external causes, fill to the tollowing; Accident, suicide, or homicide	
		it Cem	Where did injury occur?	
Location	Cumberla	and, Md.	1	
18. Funeral director	Louis St	tein Inc.	Means of Injury Injured at work?	
Address		derick St.	23. SIGNATURE CLULOS IT. BATAON M. D. or othon	D
19 Mar. 1	1945	Hutel & Orang M. D. Registra		

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF

PLEASE WRITE

(Date rec'd by registrar)

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MAR 6 1945
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The correct age

DING INK. Supply every item of information carefully. The co Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

M. D. or other

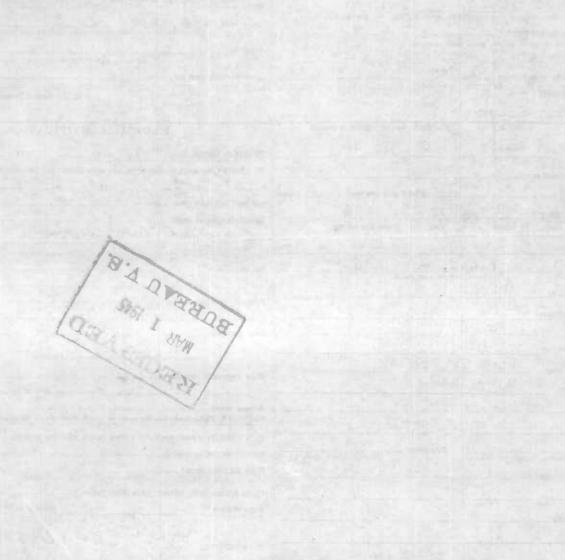
Date signed.

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			CERTIFICAT	E OF DEATH	Reg. Dist. No	
1. PLACE OF DEATH: County Allegany City or town. Cumberland, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Memorial Hospital How long in hospital or institution? 1 day 3. (a) FULL NAME				2. USUAL RESIDENCE (HOME) OF COME OF C	mother) Allegany i, write RURAL and give near	
	Eaton				or (o) bother becarity	1412001
4. Sex Male	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced			20. DATE OF DEATH February 23		
		6.(0	t) It alive, give ageyears 3, 1944	21. I CERTIFY that death open on the state about 199 and that I last saw h. Amalive on	Jup 24	15/5
8. AGE: Years	Months 3	Days	It less than one dayhrs,min.	Immediate estipo of death	vorus	Zaoy.
10. Usual occupation 11. Industry or business 12. NameE.S	erl Eaton	••••••	ryland	Due to		
13. Birthplace Maryland 14. Malden name Mary Trozzo 15. Birthplace Maryland)	(Include pregnancy within 8 r		
16. Informant Memorial Hospital Address Cumberland, Maryland				Autopsy results	hich death should be charged	
Cemetery or cremator		t Pete Cum Willi	ot 2/24/45 (month) (day) (year) r & Faul Cometery berland, d.	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County) Date of (County) Injured at work?	(State)
Address		Cu	mberlandd.	HUMAN	aspulle	

23. SIGNATURE

Registrar



pING INK. Supply every item of information carefully. The conficients: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

19. 2 - C (Date rec'd by registrar)

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1600

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Reg. Dist. No ...

	CERTIFICATE	OF DEATH
1. PLACE OF DEATH:	2.	USUAL RESIDENCE (H

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	
County A City or town A 2021 County	State Mary luye Count	allegany
(If outside city or town limits, write RURAL and give nearest town)	City or town 1 10 5 Vou	re/0
How long in above place of death?	(If outside city or town limits,	write RURAL and give nearest town)
Hospital Institution, or street address where death, orcurred:	Street No. S. Charter	mal
Vancous Hospital	(If rural, give L	OCATION)
How long in hospital or institution? 10 minutes	2.(a) It veteran, name war	
3. (a) FULL NAME Baby Boy Elrie	ck	3. (b) Social Security Number
4. Sex Sale S. Color or race & 6.(a) Single, married, widowed, or divorced Scusse	El	RTIFICATION 19 45 81 9 25
	21. I CERTIFY that desth occurred on the date above	7
8.(b) Name of husband or wite	19.4	
7. Birth date of		
deceased (mo., day, yr.) February 4 1945	and that I last saw h	/ /
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
hrs. \ 10 min.	A. J.	
8. Birtholsca Frostbure mo	Bue to the same of	La Harrey
(Town, county, and state)	1/2 Ellanger	e y y y
1D. Usual occupation Movel	of met	
11 tolerand business — Co	Due to	••••••••••••••••••••••••••••••••••••••
11. industry or business		
12. Name Charles Toward Chrief	Dither conditions	
\$\ 13. Birthpiace \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Include pregnancy within 8 mo	- Abo - 2 2-44)
14. Maiden oak sylvis. To Daine Winth 15. Birthplace Dunson Empsylvania	Major findings of operations	
2 15. Birthplace Dunson Compselvama	Major Davings of Operations.	
(IT us les Gold ward Strick		
Address Continual & Fro House	Autopsy results	
Acores The Total	22. VIOLENCE: If death was due to external cause	es, fill in the following;
(Burial, cremation, or removal, Which?) But thereof (month) (day) (year)	Accident, suicide, or homicide,	
Cemetery or crematory allegacy Cemetery	Where did injury occur?(City or town)	(County) (State)
Location Trotthery me	injured at home, farm, industry, public place (whe	
18. Funers I director Q. Q. Beierst	Mesns of Injury	Injured et work?
Address = Thousthera ma.	4/1/2	elineles aux
1 × × × × × × × × × × × × × × × × × × ×	23. SIGNATURE TO CALL	M. D. grother
19. Same 19. 4.5 Miles Madley N. Registers Registers	Address Frostow	2 Mont signed 2/4/XS

MINISTER OF MINISTERS TO TAKE GREATHING

HINDRE HO PURCHMENTS

RECULVED

MAR 6 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 200 2411 N. Charles St., Baltimore (86-0) CERTIFICATE OF DEATH Reg. Diat. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (Fornewborn infants give residence of mother) information carefully. The of death clearly and legibl (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? (If outside city or town limits, write RDRAL and give nearest town) (If rural, give LOCATION) How long to hospital or institution?... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color of the MEDICAL CERTIFICATION item of i BINDING 21. I CERTIFY that death occurred on the date above stated; that Jettended deceased from .. Supply every i .6.(c) If alive, give agevears FOR 7. Birth date of deceased (mo., day, yr.) DURATION tf less than ope day 8. AGE: Years RGIN RESERVED ADING INK Physicians: 9. Birthplace..... (Town, county, and state) 1t. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) 15. Birthplace PLAINLY, vis especially 16. Informant ... PHYSICIAN: Please underlino the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal Accident, suicide, or homicide Occadenta. Date of February 5th, 1945. (month) (day) (year) Where did injury occur?(City or town) WRITE (County) injured at home, farm, industry, public place (where?) On street, in front of homes. Means of Injury Occidental Call. Injured at work? PLEASE M. D. or of Registrar .. Date signed

RECKLIVED MAR 6 1945 BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

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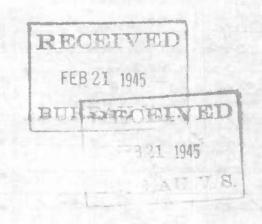
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CERTIFICAT	TE OF DEATH Reg. Diat. No	4
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Hospital, institution or freel address where death occurred. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eet howbore tofants give residence of mother) State	arest town)
3. (a) FULL NAME	3. (b) Social Security	Number
Helen I. Erickson	none	
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	about
Hmale White married	20, DATE OF DEATH February 11th., 1945	9:15
Roland Preshand	21. I CERTIFY that death occurred on the date above stated: that I altended dec	eased from
5.(b) Name of husband or wife		19
7. Birth dale of Section 1. Birth dale of Section 2. Birth dale of Sect	and that I last saw halive on	19
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediato cause of death	DURATION
.34 / 27hrsmin.	Coronary Occiusion	
9. Birthplace	Due to	***************************************
10. Usual occupation	Due to	
12. Name William R. Gaston	Diher conditions	***************************************
as a second	(lociude pregnancy within 3 months of death)	
14. Malden name	Major fiedings of operations.	
El 15. Birthplace	Date of op	1000000-0000000000000000000000000000000
18. Informact Roland Careleson	Actorsy results. no autopsy PHYSICIAN: Please ouderlied the cause to which death should be charge	d statistically.
Address Campbuland.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Buriai, cremation, or removal, Which?) Date thereof. (mouth) (day) (year)	Accident, aulcide, or homicide	
Cemetery or crematory. And I Leave	Where did lojury occur?	(State)
C. A. l. A	Injured at home, farm, lodustry, public place (where?)	
Locallon Chapter 1 9	Meana of Injury Injured at work?	
18. Funeral director		
Address Comberland	23. SIGNATURE TALLIAN H. BETTA	7, M. P.
19 teb 14, 1845 Writes & Branks, M.	Cumberland, Maryland M.D	2-12-45
(Date rec'd hy registrar) / Registrar	Dale signet	

PLEASE WRITE PLAINLY, WITH CHEADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15 VS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 42.2

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	
City or town Cumberland Maryland (If outside city or town limits, write RURAL and give nearest town)	
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death? 50 Lears	(If outside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred: Memorial Hospital	Street No. 310 Grand Avenue
	(If rural, give LOCATION)
Now long in hospital or institution? 261 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Ida M. Eury	4one
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Divorced	Ach. 23, 45
The state of the s	2D. DATE DF SEATH
S.(b) Name of husband or wife William Busy	
	18
7. Birth date of May 75 7007	and that f last saw harmalive on
Deceased (mo., day, yr.)	Immediate cause of death
o. Aut.	
53 9 8hrsmin.	Carenous 18~
9. Birthplace. Pennsylvania (Town, county, and state)	Due to.
	Chroma 311)
10. Usual occupation. None	Due to.
11, todustry or business	DUE 10
0 9 3 116 17	
TA CAME.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maldeo name. Anna Fauble	
14. Maldeo name Anna Fauble 15. Birthplace Maryland	Major findings of operations
El 15. Birthplace Mai y Larke	Date of op.
16 Informant Memorial Hospital	Antopsy results
Address Cumberland, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
- 10W 141	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof 2/27/45 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Dana 111 Comotony	Where did injury occur?
demotory of distinctions.	
Location Cumberland, Ad.	Injured at home, farm, industry, public place (where?)
18. Funeral director William H. Kight	Means of Injury Injured at work?
Constant and 110	slays fures
Address Cumpernand, and	33 SIGNATURE M. D. or other
Jeh 27 1045 Winler K. Tranks, M	N. Ourberland 2/21/
(Date rec'd by registrar)	Address

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consessite especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

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Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary gerd County Clegary
Cily or town	1F-61-5T
Now long in above place of death?	City or town
Hospital, institution, or streef address where death occurred:	Street No.
4	(If rural, give LOCATION)
How long in hospital or tostitution?	2.(n) If veteran, name wer
3. (a) FULL NAME	3. (b) Social Security Number
Lucudo Tabbre	none
4. Sex 5. Solor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	2D. DATE DF DEATH. F-CR 2/ 1945, at / M
Raild Fabli	21. I CEBJIFY that death occurred on the date above stated; that I affended deceased from
8.(b) Name of husband or wife.	NOX (5 1843 19 Fefer 1943
	and that I last saw he malive oo Fell 20 1945
7. Birth date of deceased (mo., day, yr.) Werel 29, 1885	
8. AGE: Years Months Days If less than one day	A De O de la Visa de la Companya de
59 9 22	and the state of t
At- 1	NI MINISTER WALL
9. Birthplace(Town, county, and atate)	Due to.
1B. Usual occupation miner	J. V. e. e many
- 0	Due to years
11. industry or business Coal menes	
12. Name desept Tables 13. Birthplace States	Other conditions
	(include pregnancy within 8 months of death)
# 14. Maiden name	Major findings of operations
14. Maiden name	Major maings of operations
Mican talla:	
18. Informant	Autopsy results
Address Troslburg Md	22. VIOLENCE: tf death was due to exfernal causes, fill in the following:
17 Buriel Date thereof Tet. 23, 1945	Accident, suicide, or homicide
(Burial, cremation, or removal Which) (month) (day) (year)	The state of the s
Cemetery or crematory	Where did Injury occur?
Location trosthery md	Injured at home, farm, industry, public place (where?)
0 10 10	Means of Injury Injured at work?
18. Funeral director	210 ma Lolma
Address #Treathring (Id.	23. SIGNATURE JUSTI Jane PV ///V
10 2-22 1.45 mis. Kalley N. Ros	Fig. Alice and M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 43.

MANAGE OF THE PROPERTY OF THE PARTY OF THE PARTY.

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MAR 6 1945 BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

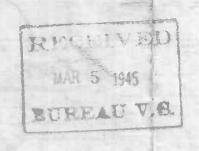
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County ANDROMA	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
noopial, monation, or officer address miles acting severites.	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME amanda Vramich	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
2 1 2/1 200 1	2. 1
Cemale price larged	20. DATE OF DEATH Selection 19.45 at 7.00 A.M
6.(b) Name of husband or wife ames Janguere	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 27	Film (1943 10 Feb 6 18 45
7. Birth date of second	and that I last saw h. Re. alive on Filt 5 4 19 45
deceased (mo., day, yr.) 100 / 15 / 854	
8. AGE: Years Months, Bays If less than one day	
90 4 21hrsmln.	any to practice of mek
B + 100 20	- Deniste &
9. Birthplace (Town, county, and state)	Due to
None Tie	
10. Usual occupation.	Due to.
11. Industry or business www. storma	
12. Name James Marricky.	Other conditions
13 Birthnian Anguette a Ma	
mil State of the s	(Include pregnancy within 3 months of death)
= 14. Maiden name	Major fiediogs of operations.
15. Birthplace Sarpett S. Ma.	Date of on.
mer lame of me distalance	
1B. Informant	Autopsy results
Address Nikely, M.	
" Brings Nel 111945	22. VIOLENCE: If death was due to external causes, filt in the following;
(Buriai, cremation, orvemous). Which?) Date thereof (month) (ddy) (year)	Accident, suicide, or homicide asserted. Date of 7 45
Cemetery or crematory. Days & Nell	Where did injury occur?
m. 11	
Location Location	tnjured at home, farm, industry, public place (where?)
18. Funeral director Miss day Jose Berry	Means of Injury Fall w gun lun Injured at work?
2/	
Address Mesternson M.	23. SIGNATURE Heary M. I Lodgson by hi
" ISB 7 " WILL S. A.	M. D. or other
19. (Date ree'd by registrar) 19. (A. 5) Registrar	Address donaching and Bate signed Febr 7 43



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 97 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The co (For newborn infants give residence of mother) State..... (If outside city or town limits, write RURAL and give nearest town City or lown How long in above place of death?.. (If outside city or town limits, write RURAL and give hearest town) Hospital, Institution, or street address where seath Street No. (If rural, give LOCATION) How long in hospital er institution? 2.(a) If veleran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Cold or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFIC C. Supply every item of please write the causes BINDING FOR 7. Birth date ef deceased (me., day, yr.) DURATION Immediate canse of If less than one day 8. AGE: Years Months Bays RESERVED 80 (Town, county, and state, 1B. Usual occupation ... 11. Industry or business important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 0 15. Birthplace Major findings of operations. PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (Burlal, cremation, or removal, Which?) (month) (day) (year Where did injury eccur? (City or town) (County) (State)

injured at home, farm, todustry, public place (where?) ...

Means of Injury

23. SIGNATURE

Registrar

mured at work?

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1B. Funeral director.

(Date rec'd by registrar)

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BIS V.S.

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eg.	Diat.	No.	*****		P	
SE	D:					

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Otho Speelman	Fike 3. (b) Social Security Number
1. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. February 12 1845 at 435
5.(6) Name of husband or wife In Mie Weitzell Fike 5.(6) If alive, give age 5 years deceased (mo., day, yr.) August 13 /877 8. AGE: Years Months Bays If less than one day 6.7 6 - hrs. min. 9. Birthplace Asher Glade, Garrett, Maryland (Town, connty, and stete) 11. Industry or business farming 11. Industry or business farming 12. Name Ami M. Fike 13. Birthplace Unknown 14. Maiden name Caralyn Catherine Barnhouse 15. Birthplace Unknown	21. CERTIFY that death occurred on the date above stated; that i attended deceased from Carriery 219 45 ghot hat I last saw h 219 ghot hat I last saw h 219 Inwediate cause of death DURATION Duration 24 Due to Duration 2 Due to Durations 2 Due to Durations 2 Due to Durations 2 Due to Durations Durations Due to Durations Durations Due to Durations Durations Duration Durations Durations Duration Durations Durations Durations Duration Durations Durations Durations Duration Durations Durations Durations Duration Durations Durations Durations Durations Duration Durations Durations Durations Durations Durations Duration Durations Durations
16. Informant Mildred L. Fike Address Long coning, Maryland 17. Burial, cremation, or removal. Whichi) Cemetery or crematory Westerlike Cemetany FD 1, Bey 24 Location Aviltan Maryland Longer 18. Funeral director Man Almandaniang. Mc. 18. Funeral director Man Almandaniang. Mc. 19. Full 12. 1945 - Man Mancy H. Ragentrar (Date ree'd by registrar)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to externat causes, fill in the following: Accident, suicide, or homicide

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Ba

CERTIFICATE OF DEATH

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Reg. Diat. No.

1. PLACE OF DEATH		Allera	ny	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town				State laryland County Allegany	
(If ontside city or town limits, write RURAL and give nearest town) 80 Years			URAL and give nearest town)	0	
				City or town	earest town)
Hospital, institution, or stre			:	Street No. 436. Goethe St	*********
				(if rural, give LOCATION)	
	litulion?	***************************************		2.(a) If yeteran, name war	
3. (a) FULL NAME				3. (b) Social Security	Number
	Chris	tania	Dorthea Fillinger	None	
4. Sex 5.	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White		Widow	20. DATE OF DEATH CHEL 7" 19.46	12 xoon
6.(b) Name of husband or w				21. I CERTAL that death occurred on the date above stated; that Citended dec	eased from
7. Birth date of	******************	B.(c	t) If alive, give ageyears	and that I last saw bett alive on 29	1044
deceased (mo., day, yr.)	Augu	ist 28,	1857	Immediate cause of death.	
8. AGE: Years	Months	Days	If less than one day	immediate cante of death	DURATION
87	5	19	hrsmin.	Chronic Nupcarditis	Vifes
9. Birthplace Cumb	erland,	Allega county, and a	ny Co, Maryland	Due to	
10. Usual occupation		House	Wife		***************************************
11. Industry or business		Own Ho		Due to	
	Unkr			Tr timoscherosio	51100
12. Name			***************************************	Other conditions	377
The same of the sa		ermany		(Include pregnancy within 8 months of death)	
14. Maiden name	- Onl	cnown		Major findings of operations.	
2 15. Birthplace	Ge	rmany		Date of on.	
18. InformantJ	oseph Za	pf		Antopsy results	
	Goethe S	St. Cum	berland, Md.	PHYSICIAN: Please underline the cause to which death should be charged	
				22. VIOLENCE: If death was due to external causes, fill in the following:	
(Buriai, cremation, or r			012/10/45 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	5t]	nkes C	emetery	Where did injury occur?	(State)
Location	Cumber]	and, L	d.	Injured at home, farm, industry, public place (where?)	
18. Funeral director	Willis	m H. K	ight	Means of injury Injured at work?	
Address	Cumbe	erland,	I.d.	of the Inevastis	mes
19. Oate rec'd hy registra	19. 45 ⁻	Nin	te R. Drauts, m	-23. SIGNATURE	or other 45



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13947)

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CEDTIFICA	THE PERSON NAMED IN	OF	DEATH	
CERTIFICA	LL	Ur	DEANT	

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Reg.	Dist.	No.	T

County Allegany	(For newborn infunt give residence of mother)			
Cambonland	State Aryland County Allegany			
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	Constant			
How long in above place of death? 12. Years	(Doutside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred: 118. Valley St	Street No. 118. Valley St			
,	(If rural, give LOCATION)			
How long In hospital or Institution?	. 2.(a) If veteran, name			
3. (a) FULL NAME	3. (b) Social Security Number			
Mamie Virginia Foreman	None			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Married	20. DATE OF DEATH TO 154 5 at 4 4 0 M			
6.(b) Name of husband or wife Eugene J Foreman	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from			
0.(0) Name of nusual of wife	Que 1944, 10 126 6 19 45			
7. Birth date of	and that I last saw hamalive on tet s 1941			
deceased (mo., day, yr.) June 17, 1905	Immediate cause of death			
8. AGE: Years Months Days If less than one day	acut suplimition swell			
39 7 19hrsmir	<u></u>			
9. Sirthplace Rock Enon, Virginia (Town, county, and state)	Due to Parton philip 6 mos			
(Town, county, and state)	2 Cylottic			
10. Usual occupation. House Wife	Due to			
11. Industry or business Own House				
Flavius L. Good	Dither conditions.			
12. Name Flavius L. Good 13. Birthplace Rock Enon, Va.				
	(Include pregnancy within 3 months of death)			
	Major fiudiugs of operatious			
16. Informant Eugene J. Foreman	Autopsy results.			
Address 118. Valley St, Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following:			
Burial Date thereof 2/8/45 (Burial, cremation, or removal. Which?) Bate thereof 2/8/45 (month) (day) (year)	Accident, suicide, or homicide			
Cometery or crematory Mt. Hebron Cemetery	Where did injury occur?			
Tinchester Virginia				
18. Funeral director William H. Kight	and all			
Address Cumberland, Ld.	H/llen Illenn Min			
. Debry 45 Winter R. Osanta M.	23. SIGNATURE M. D. or char			
19. (Dute rec'd by registrar) Registrar	Addres Carlo Land Date signed that 6			
	4.1			

100 .ac. RECEIVED FEB 13 1945 BUREAU V.E 2411 N. Charles St., Baltimore 943

CERTIFICATE OF DEATH

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	Ceg.	Dist.	No.	

	Reg. Dist. No.	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
How long in above place of death? How long in structure address where death occurred:	Street Ko	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME of arriel Friend	3. (b) Social Security No	umber
Semale White Mylow Mills	MEDICAL CERTIFICATION 20. DATE OF DEATH.	1. 78 . L.
6.(b) Name of husband or wife Cohan 6: Friend	21. I CERTIFY that death occurred on the date above stated; that I attended decease	ed from
		19
7. Birth date of	and that I last saw halive on	19
8. AGE: Years Months Days If less than one day	Immediate cause of death Coronary Occlusion	DURATION
8. Birthplace Property and state)	Due to	***********************
to. Usual occupation	Due to	************************
11. Industry or business User Some	- Diher conditions	
14. Malden name	(Include pregnancy within 8 months of death) Major findings of operations.	
15 Richniage		
16. Informant Tilbest Friend	Antopsy results. NO autopsy PHYSICIAN: Please underline the cause to which death should be charged stu	
Address segnterland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, for removal, Which?) Cemetery or crematory 21.	Accident, suicide, or homicide	(State)
Location Surgarism, Mills	Injured at home, tarm, industry, public place (where?)	
Address Hesterwort Ma	Paris y hm	1. INT .
19. Dute rec'd by registrar) 19. Dute rec'd by registrar) Registra	Cumberland, Maryland Address. Date signed	other -25-45

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE

VS. A15

2-25-45 Date signed.

PERMITTED

VAR 6 1945

BUREAU V.8.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01235

.... Date signed 2 - 10 - 45

CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County	City or town (If outside city or town limit Street Ho. (If rural, give	mother) LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Mary Curty File	ler	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Temale Whitel Widowed	20. DATE OF DEATH Tebruary	8 1.45 , 317
8.(b) Name of husband or wife Mailes Juther Fully	21. I CERTIFY that death occurred on the date bo	
7. Birth date of server 1 186	end that I last saw h. Q.L. alive on	Drugy 7 1945
8. AGE: Years Months Days If less than one day	Immediate consof death	DURATION
83 5 7hrs. (min.	Osrudo - Vu	ever 13 yr
8. Birthplace Warden sville Orginia (Town/county, and state)	Due to. Faloy	
1D. Usual occupation. Housewife.	Due to P	poste
11. Industry or business	Chesine 89	
12. Name Christian Cutata 13. Birthplace Germany	Differ conditions	compre
14. Maiden name. No record.	(Include pregnancy within 3 n	
I 15. Birthplace	Major findings of operations	
16. Informant Mrs. Lee Faulkney	Autopsy results	
Address Cellerslie Ind,	PHYSICIAN: Please underline the cause to wh	ich death should be charged statisticaDy.
17 Durial Date thereof Metrusy 12/9	22. VIOLENCE: If death was due to external cau	
(Burial, eremation, or removal. Which?) (month) (day) (year) Cemetery or crematory	Where did injury occur?(City or town)	
Location Cumberland Mod.	(City or town) Injured at home, farm, Industry, public place (wh	
18. Funeral director Harvey A. Tecsler	Means of Injury	Injured at work?
Address Hyndmigh (Fg)	9.0 a 4	Dur same
19. Fel 10 1941 In Lland Walfe	23. SIGNATURE	M. D. or dhor
(Date ree'd by registrar) Registrar	Address /tyndura	Date signed 2 . 10 . YS

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BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

01236

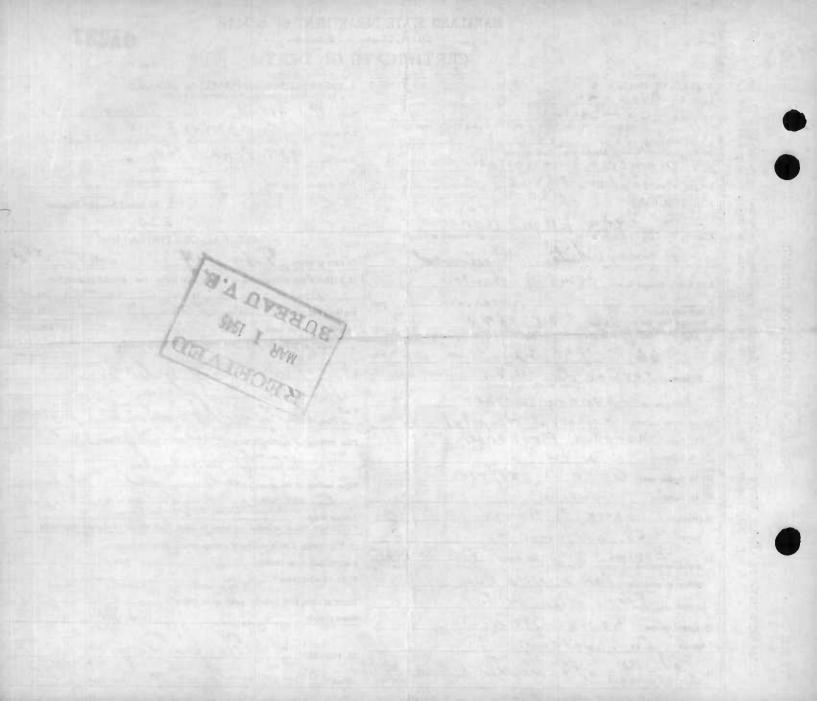
Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For ewborn infants give residence of mother) State County City or town (If cotside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Omma W Dil	pin none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Homale Mute Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. # 19 40 at 1 1 2 4 1
6.(b) Name of husband or wife. 6.(c) If elive, give age years 7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days tifteds than one day	Immediate caose of death
9. Birthplace (Town, coonty, and state) 10. Usual occupation.	Due to. Outer green Hele
11. Industry or business 12. Name	Other conditions .
14. Malden name Atherine Schultz.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant of the R. Billian Address Smore Pa.	Autopsy results
17. (Burial, cremation, or removal, Whigh?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Complexity And	Where did injury occur?
18. Funeral director. The Stephen Sack. Address Innutrally of the many statements of the sack of the	Means of tnjury Injured at work? 23. SIGNATURE
19. 2/11/45 19 Winter & Trank, M. A. (Date rec'd by registrar)	Address Of Date signed 1/0/14/9

FEB 21 1945

Section 1

DR. WILSON MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Allepany (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) carefully. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: memoria (If rural, give LOCATION) How long in hospital or institution? ... 3 day information of death cle 2.(a) 11 veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 220-10-8696 Ellen 4. Sex MEDICAL CERTIFICATION RESERVED FOR BINDING of Hanley 1943 10 July6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) **DURATION** 8. AGE: d Laundry worker 10. Usual occupation... 11. Industry or business Memorial Hospital 12 Name Marellus Messenger w. Va. 13. Birtholace within 3 months of death) 14. Maldee na anna B. Sussie B. norris PHYSICIAN: Please underline the cause to which death should be charged statistically. Cumberland, 22. VIOLENCE: If death was due to external causes, fill in the following: feb 20 1945 (month) (day) (year) Date thereof..... Accident, suicide, or homicide..... Where did Injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) Jejured at work? Means of Injury Comberland, ma M. D. or other



MARGIN-RESERVED FOR BINDING

1. PLACE GEREATUANY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BF

01238

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF PEATUANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
CUMBERLAND, MD.	
City or town	State PENNA County SONERST
How long in above place of death?	City or town. GLENCOE (If outside city or town limits, write RURAL and give nearest town)
Hospital handlation. Ar Eirechard Schwiere Heath occurred:	Street No.
How tong in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
MRS.IDA HARTMAN	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a)Single, married, widowad, or divorced	MEDICAL CERTIFICATION 10:30
FEMALE WHITE WIDOWED	20. DATE OF DEATH FEBRUARY 15, 1945 19 P.M.
6.(b) Name of husband or wife CHARLES HARTMAN 7. Birth date of deceased (mo., day, yr.) JAN J J 89	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from 19.45 to 15.45 to 19.45 and that I ast saw here
8. AGE: Years Months Days 41 tess than one day	Immediate/cause of death OURATION
53 / 14hrsmin.	CONTONIC REPORTING
9. Birthplace (Town, county, and state) 10. Usual occupation HOUSE WIFE 11. Industry or business SAMUEL POORBAUGH 12. Name PENNA. 13. Birthplace 14. Maiden name ALICE BALLONA. 15. Birthplace PENNA.	Other condition
18. Informanf MITO MITAUDE	Autopsy results
Address BERLIN, PA 17. (Burlai, cremation, or repoval. Which?) Cemetery or crematory. Date thereof. St. / 9 4 5 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, filt in the following: Accident, suicide, or homicide
Location Gleneae, Pagana, R. D.	injured at home, tarm, industry, public place (where?)
18. Funeral director Johnson's Guneral Home	Means of Injury Lalyred af work?
Address Berlin, Jenna.	23. SIGNATURE Divasa Tolson Mal
19. Old 17. 19 45 Wines & Oranky M. (Date rec'd by registrar)	Address

FEB 21 1945

BUFFAU T.E.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 475

CERTIFICATE OF DEATH

01239

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CLRITICAL	Reg. Diat. No	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of methor) State	rest tawn)
Now long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME Tyre Catherine to	- Illine	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fernale White Married	MEDICAL CERTIFICATION 20, DATE OF DEATH. February 26, 1945.	at 6/30 P m
6.(6) Name of husband or wife. Haveld Hawkins Birth date of The street	21. I CERTIFY that death occurred on the date above stated; that I attended decea	19.45
deceased (mo., day, yr.) Warch 31, 1910	Immediate cause of death	DURATION
8. AGE: Years Mooths Days If less than one day 3 4 10 2.5	Bronstognie Carcinome Right lung	8 mo
8. Sirthplace Butter Butter Co. Fa. Tewn, county, and state)	Due to	
10. Usual occopation. Houseworks 11. Industry or business At Home	Bue to	
12. Hame Roy Cost	Other conditions metalinis to mediations	3 200
13. Birthplace 14. Maiden vame. Bettles Delifaugh 15. Birthplace Cumberland, W	(Include pregnancy within 3 months of death) Major findings of operations.	
11 . Ol Fruitage	Autopsy results	
Address 439 Pa ave - Cumberland Web.	PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: If death was due to external causes, fill in the following:	statistically.
17	Accident, suicide, or homicide	
Cometery or crematory College Company Company College Company College	Where did injury occur?	
18. Funeral director John D. Zfafer.	Means of Injury Injured at work?	•
Address cumberland, W. M. Mouth M.		or ether
(Dato rec'd by registrar)	Address Memoter Horpelal Date signed.	1-18-49

THE THE CONTRACT OF

MAR 6 1945
BUREAU-V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

01240

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DE	ATH: LEGA NY			(For newborn inf	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)		
City or town CI	IMBERIAND	MARYL	A ND L and give nearest towo)	JIGIC	LAND cou	nty ALLEGA!	NY
How tong In above place Hospital Institution, or		3 grooteath occurred:	rtil	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 15 PENNA - AVE -, (If rural, give LOCATION)			
3. (a) FULL NAM				2.(a) If veteran, name wa	F	3. (b) Social Security	N
WTT	TITAM H.	H TVE R				705-09-9	
4. Sex MALE	5. Color or race WHITE	the section of the section of	MARR IED	20 DATE OF DEATH		ERTIFICATION 45	3:30 p
	or wite ESTE			21, LOCKTOY that death	occurred on the date abo	ve stated: that attended dece	ased from
7. Birth date of deceased (mo., day,	yr.) OCT O	BER 11	1901		Alalivo on	16 14	195/45
8. AGE: Year	./		l leaa than one day	Meu	le Meps	a. A. A. i.	Tillays
9. Birlhplace	(Towe,	county, and state)				nd. Dundin two	0
10. Usual occupation. 11. Industry or busines	0	Chops		0			1
12. NameW.	HD:	HANER	PA.		e pregnency within 8 m	nonths of death)	
14. Malden name.	SOMIE K	NIPPLE	Ps.	Major findings of opera	tions		3**************************************
18. Informant S	ns Mm	Him	i al	Autopsy results	***************************************	nich death shootd he charged	
Addresa 17. B MARK (Burial, cremation	n, or removat. Which?)	Date thereof	Quanti (day) (year)	Accident, suicide, or hom		aes, fill in the following;	
Cemetery or cremat	ory Sml 24	man	Cand:			(County)	
18. Funeral director	Lino A	Stem	9nc	Meana of injury		injured at work?	
Addresa /	Cm	mtorle	of the	23. SIGNATURE	100	Cusou h	or other/
19. (Date rec'd by re	7 19 45 Spistrar)	wales	A. Granes, Or Regist	tran Address Jews	Cause	Sand Melate signed.	2/5/14

PLEASE WRITE PLAINLY, WITH UNF is especially important.

ADING INK. Supply every item of information carefully. The copplysicians: please write the causes of death clearly and legibly.

EGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 23-0

01241

CERTIFICATE OF DEATH

4 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Carrier and Md.	State Maryland County allegans
(If outside city or town limits, write RURAL and give nearest town)	City or 10Wn / Creatown
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
allegary Joseptal Cumberland M	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White narried	20. DATE OF DEATH 2/14 19.45, at 1/10 P. M
6.(6) Name of husband or wife. Multille	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
Manters Hate 6. (c) If alive, give age	February 12 19 45 10 February 15 19 45
7. Birth date of deceased (mo., dey, yr.) (mag 31 1880	and that I last saw h alive on tilling 19.5
8. AGE: Yeers Months Days If less than one day	Immediate cause of death DURATION 2 oly
6 13	п.
9. Birthplace maryland	Due to arturalem archie sund
10. Usual occupation. In the state of the st	- Jan
11. Industry or business	Due to
	9ther conditions
Z 13. Birtholace	(Include pregnancy within 8 months of death)
14. Maiden name Jennie Winstina 15. Birthplace 2019.	(include pregnancy within 8 months or ocath) Major findings of operations.
15. Birthplace	Bate of op.
16. Informani . Sono Ingette Hite	Aptopsy results.
Address Cresaptions Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Brisial Date thereof Fet 17 4.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burlal, eremation, or removal, Which?) Date thereof (month) (day) (year)	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location Location 1 9	Means of Injury Injury Injured at work?
18. Funeral director	1 16 - 140
Address Completified Xe +	23. SIGNATURE M, D. or other
19. Let 1 19 45 Willey K. Osanla 11 (Date rec'd by registrar)	ar Address Rong Mod Bate signed 2-15-65

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RISERVED FOR BINDING

VS A15

FEB 21 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01242

			4	_
Reg.	Diet.	No.		Ţ

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegan'/	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Pa County Samersex
How long in above place of death?	City or town [If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or stroot address where death ocporred:	
Allegony Hospital	Street No
How long in hospital or institution?	2.(a) If voteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Charles Hammond Hou	se How
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Married	20. DATE DE DEATH. February 4, 19.45, at 8:20 P. M
8.(6) Name of husband or wife Jartha Sinnett House	21. I CERTIFY Cat death occurred on the date above stated; that Rended deceased from
6.(6) Name of husband or wife A. J. M. J.	ofter 2 19 45 10 cfet 4 19 45
7. Birth date of	and that I last saw h. Last. alive on . Fleh 4 19. 45
doceased (mo., day, yr.) Dec, 11, 1875	Immediate cause of death
8. AGE: Years Months Days If tess than one day	A CONTROL OF CONTROL O
2 69 / 23ars,min.	Cerebro Spend hungetes 3 days
8. Birthplace that is in the County, and dute)	Due to
10. Usual occupation Stone Mason	Bas to
11. Industry or business Own employer	and to
# 12 Name Jamuel Asttalise	Dther conditions
X 13. Birthplace Maryland	
14. Malden name Elizabeth Farrell 15. Birthplace Ireland	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Trelond	major madugs of operations
16. Informant Charles M. J. Harrison	Autopsy results
Address Combuland, Med.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burla, cremation, or removal. Whichi) (Burlal, cremation, or removal. Whichi) (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Hartley Cometary	Where did injury eccur?
Location Green Ridge Transfe El	Injured at home, farm, industry, public place (where?)
1 17 1 11 1	Means of injury Injured at work?
18. Funeral director.	0-19
Address Cafeebufaud, Eyd.	23 SIGNATURE D'IT, Crevasking m J.
. Deli 8 10 45 Houte & creat max	M. D. or other
19. (Date rec'd by registrar) Registrar	Address umberland, med Dato signed 18/45
Trevnskis	

RECEIVED FEB 13 1945

BIT ATT V.S.

2411 N. Charles St., Baltimore 127-2

01243

CERTIFICATE OF DEATH

OEKI II IOA	Reg. Diat. No.
1. PLACE OF DEATH: County MINERAL allegany Charles PLEDMONT Curry 1980 and	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. WEST VIRGINIA County MINERAL
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town PIEDMONT (If outside only or town limits, write RURAL and give nearest town)
MEMORIAL HOBPITAL How long in hospital or institution? 10 DAYS	Street No. (If rural, give LOCATION) 2 (a) If veteran, name bar.
3.(a) FULL NAME HUTCHINSON, JAMES LEE	3. (b) Social Security Number 232-01-12-01
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATHFEB. 12. 19.45 .21. 9. 1.24
6.(b) Name of husband or wife VAN ORSDALE, FLORENCE	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) JAN. 8 / 8 7 5	and that I last saw him alive on 18.4.5. Immediate camp of death DUBATION
8. AGE: Years Months Days It less than one day 1 1 1 1 1 1 1 1 1	Pulmonery embolism I day
9. Birthplace PIEDMONT , W. VA . (Town, county, and state)	Due Io
10. Usuat occupation EMBALMER	Due to.
11. Industry or business Tuneral Service	Dail L A A Tall
12. Name HUTCHINSON, JACOB 13. Birthplace WEST VIRGINIA	Other conditions
	Include pregnancy within 3 months of death)
14. Malden name POWELL, MARGARET 15. Birthplace WEST VIRGINIA	
	Major findings of appearance of the state of
16. Informant MEMORIAL HOSPITAL	Abtopsy results
Address CUMBERLAND, MD.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof tek 14, 1945 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Philas Clm	Where did injury occur?
Location Westernbork, Md.	injured at home, tarm,/industry, public place (where?)
18. Funeral director 71. L Grage	Means of Injury / Anjured at work?
Address Dayser Th Va	23 SIGNATURE DEVOLUTION THE
18. Jel 2 1945 Hente Q Irak Misser	Address Cumber land med Bate ligned 7-17-46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

correct age	2411 N. Chai	TE OF DEATH Reg. Diat. No4
information carefully. The coror death clearly and legibly.	1. PLACE OF DEATH County MEMORIAL HOSPITAL County CUMBERLAND MD. Cily or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospiial, institulion, or streel address where death occurred: MEMORIAL HOSPITAL How long in hospital or institulion?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slateur. County ALLEGANY City or town CUMBERLAND (Ifoutein BROADWinter, write RURAL and give nearest town) Street No. (Ifrural, give LOCATION) 2.(a) If veteran, name war.
ormati	3.(a) FULL NAME WALTER C.JEFFRIES	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced SINGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH FEBRUARY 15, 1945
PLAINLY, WITH LINE ADING INK. Supply every item of is especially important. Physicians: please write the causes	6.(b) Name of husband or wife	Immediate cause of death Let a to Manage of the Conditions Bue to Bue to Other conditions (Include pregnancy within 3 months of death) Major findings of operations Autopsy results PHYSICIAN; Please anderline the caese to which death sheetd be charged statistically. 22. VIOLENCE: If death was due to external causes, fill le the following: Accident, suicide, or homicide Bate of Bate of
VS A15 PLEASE WRITE	Cometery or crematory Location 18. Funeral director Address 19. Del: 15 19 45 Deutes Crauty M.A. (Date rec'd by registrar)	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE. M. D. or other Address. Date signed 15-45

FEB21 1945 BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

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(J	1	4	T	U

2411 N. Ch	DEPARTMENT OF HEALTH arlea St., Baltimore (276) ATE OF DEATH	1 01245 Reg. Dist. No
1. PLACE OF SEATH: County	Street No.	
How long in hospital or institution?	2.(a) It voteran, namo war	
3. (a) FULL NAME Catherine Taylor &	Knson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, parried, wildowed, or dirorced	MEDIC	CAL CERTIFICATION
F W SINOLE	20. DATE OF DEATH FEB.	1945 112.04
8.(b) Name of husband or wife	ars and that I last saw blocking alive on.	71
8. AGE: Years Months Days If less than one day 2 4	Immediate cause of death	reducedice man
8. Birthplace POINTS HAMPSHIRE Co. WVA (Town, county, und state) 10. Usual occupation. School Teacher	Due to	V
11. Industry or business Education		
12. Name 12. Name 12. 13. Birthplace Handshen Co. W. VA-	Dther conditions	
14. Malden name Leotia Fleming	Mate & Barre of counties	within 8 months of death)
15. Birthplace Sumpson Taylor Co. WV	Majer hadags of operadoas	Date of op
1B. informant & W Brownful	Autopsy results	
Address Spring felf WVa.		anse to which death should be charged statistically.
17 Bulal V/ Date thoroot 2- 4- 45	22. VIOLENCE: It death was due to or	
(Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?) (month) (day) (year)	Whore did injury occur?(City	
Cometory or cramatory 7 (N. Vig. (Runal)	(City of Injured at home, tarm, Industry, public	
Location P. W. The Three	Means of Injury	Injured at work?
18. Funeral director 1. Sulland	re n	all and
Address Springfield. NVA-	23. SIGNATURE // Dai	leg Gunter Mt
(Date ree'd by registrar) 1945 Wentles K. Orsaniz M.	N. P. P. O.	M. D. of other Date signed

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FEB 13 1945

BUREAU V.S.

Bailey T. Kunter

Distribution Labor.

MARYLAND STATE DEPARTMENT OF HEALTH

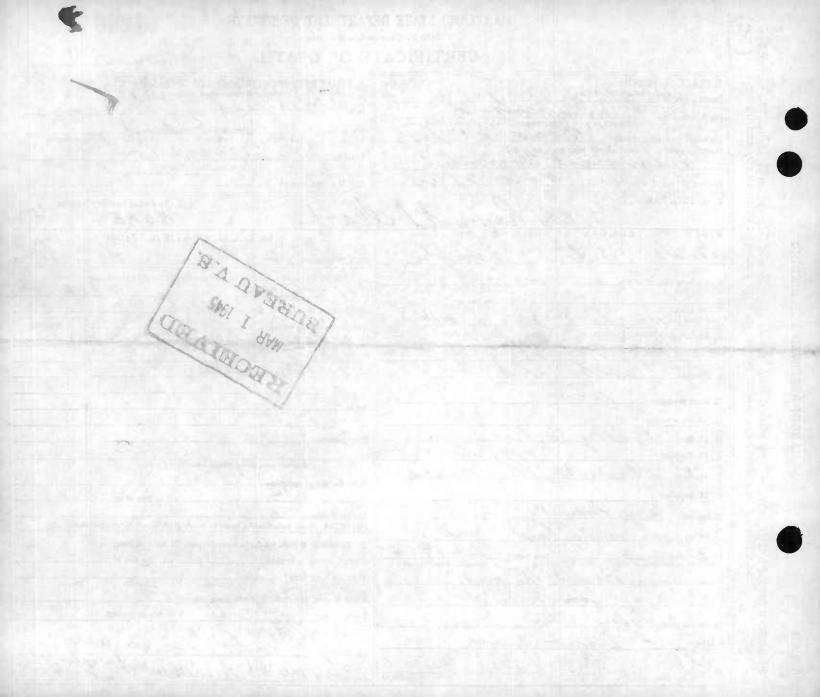
2411 N. Charles St., Baltimore (159)

01246

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fop her born infants give pesidence of mother)
County County	State Dayland County Williams
City or town	
Now long in above place of death?	City or town (If outside city or town limits, write kURAL and give nearest town)
Memorial Architel	Street No
How long in hospital or institution? That I da	2.(a) If veteran, name war.
3. (a) FULL NAME Jack Raymond Kee	Mars. 3.(b) Social Security Number
4. Sau 5. Color or race 8.(a) Single, matted, withowed, or divorced	MEDICAL CERTIFICATION
mile White Single	20. DATE OF DEATH 2 . / 6 1945 at 11 6M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	11-25/44 19 10 10 11 15
7. Birth dale of deceased (mo., day, yr.)	end that I last saw h. L.M. Riive on
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION
2 2/hrsmin.	flee free a try Sufe show 1 Wt.
9. Birthplace (Town, county, and state)	Due to Duran attirity
10. Usual occupation Days	
11, Industry or business	Due to
12. Name Bully 6 Mellan. 13. Birthglace M. Va.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Many Mallar Proce	Major findings of operations.
15. Birthplace	Dale of op.
16. Intermant mas Indian Rullar	Autopsy results
Address timberland Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Brand Date thereof Fet 19 45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemelery or cremalory	Where did injury occur?
Location myterland	Injured al home, tarm, Industry, Jubilic place (where?)
18. Funeral directo Tanas Stern In	Means of Injury Injured all work?
Address Compterland	XXXII be lesson we
10. Del - 19, 10 45 Wanter & Franty 201	23) SIGNATURE () RODALLING M. D. CONTENTS / V
(Date rec'd by registrar)	AMIES O Date signed



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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 75-0 CERTIFICATE OF DEATH

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V	J.	4	30	6	

CERTI	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) State
James A. Knippenb	3. (b) Social Security Number
Male 5. Color or race 6.(a)Singin, married, widowed, or divorce Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Feb. 21, 19 45, at 6:40 P. m.
a. Birthplace Allegany Co. Md. (Town, county, and state) Engineer 10. Usual occupation Engineer 11. Industry or business B. & O. R.R. Co. Henry Knippenberg 12. Name Henry Knippenberg 13. Birthplace Germany	years and that I last saw h last alive on the last alive on Duration Immediate cause of death Due to Accordance of the last alive of th
14. Maiden name Tishua Logston W. Va.	(Include pregnancy within 3 months of death) Major findings of operations.
18. Informant Mr. George Knippenberg Address 1419 OldTown Rd. Cumberland	Autopsy results. All Autopsy results. PHYSICIAN: Please underline the cause to which death shund he charged statistically.
Burial (Burial, eremation, or removal, Which?) Cemetery or crematory Williams Road	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
18. Funeral director. Charles L. George Address Cumberland, Md. 19. Feb. 23, 19 45 Wuter R. Frank (Date rec'd by registrar)	Means of Injury Injured all work? 23. SIGNATURE M. D. or other Registrar Address. 1.3. Date signed. 1.3.3 44.1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 01248

Diat.		5
Diat.	No.	0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County July	(For newborn infants give residence of mother)
City or town	State Lounty County County
How long in above place of death? 35 years.	City or town
Hospital, Institution, or street address where death occurred:	Street No. Sh Massis Rensall
to the Marry Sperrach	(If rural, giv LOCATION)
How long in hospital or institution?	2.(a) If yeteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Coffer or race 6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION
Inale White married	20 DATE OF DEATH Release 1945, 21 9:308
6.(b) Name of husband or wife BLARLAN BLANN Lashing	21.4 CERTIFY that death occurred on the date above stated; that I attended deceased from
J A . A	1 16 1945 10 Feb 1 1 1945
7. Birth date of	and that I last saw h. Anna alive on Jan 31 1945
deceased (mo., day, yr.) Sec 14 1814	Immediate cause of death
8. AGE: Years Months Days If less than one day	Chilland / Hungshage
hrsmin.	
9. Birthplace Baston (Town, county, and state)	Due fo
10. Usual occupation Cottal Missiste	4010
11. Industry or business Althorno Company	Due fo
The state of the s	
	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name Inskription	Major findings of operations
\$ 15. Birthplace Sulanown	Date of op.
18, Informant And alexa Lashbaugh	Antopsy results
0 0 11	PHYSICIAN: Ffease underline the cause to which death should be charged statistically.
Address Longroung May	22 VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or permanent William) (Bary) (gear)	Accident, suicide, or homicide
Cemetery or crematory James Hill emetery	Where did injury occur? (City or town) (County) (State)
my new midl	Injured of home, farm, industry, public place (where?)
Location Co.	Means of injury injured af work?
18. Funeral director Adapt Consultation	man vinjarj
Address Lonarming Md.	Mercy Dr. Hards - by 60.
John us A A A FI	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Address Londering Dy Bate signed File 3 43

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 86

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn tufants give residence of mother)
City or town	State Mary and County County
	City or town to Trastburg
How long in above place of death?	(If outside city or town limits, white BURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Mineral hospital	(If rural, give LOCATION)
How long to hospital or Institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
R. Sund Illa	yd mone
4. Sex 5. Color or race 8.(a)Single, married, wdowed, or divorced	
a, Sex o, color of rate o, colored, married, numera, of differen	MEDICAL CERTIFICATION
Male White, suges	20. DATE OF DEATH F-Ch 14/9/19/19 11/4 30 11/4
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1945 to 1-414 1945
7. Birth date of	and that I last saw have a alive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Wand In Jan - Skens
2 8 21hrsmin.	Community 2017
5 H aller md	Due to
9. Birthplace (Town, county, and state)	Due to. (La Son & UKS of aft)
10. Usual occupation.	
10, USB21 OCCUPATION	Bue to Linderlying Contain . Undetermined
11. industry or business	CUFQ.
12. Name	Diher conditions
\$ 13. Birthplace a Frutthing md.	
	(Include pregnancy within 8 months of death)
王 14. Maiden name	Major findings of operations.
14. Maiden name Shamble Strong Md	Date of op.
8 11	
18. Informant A. Care S. Large	Antopsy results
Address Trostifica Md.	
17 Burel Die thereof Feb 16-1945	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, sulcide, or homicide
Cometery or crematory	Where did injury occur?
7-4/2/1	
Location Monthsuka Ma	Injured et home, tarm, industry, public place (where?)
18. Funeral director (2) U. d' Leerst	Means of injury Injury Injury
16. FUNCION 1100 100 100 100 100 100 100 100 100 1	2-19man / Sinh
Address Stockerg 11ds.	23. SIGNATURE DE TON
2- 15 Um VIIA MAURI N. P.	23. Signature.
19. 2- 15 19 45 Mis Havey FY-Twe	Iddaes F SASTULIA MA Rote stoned tele 13/143

BY FAMIL HO TEXATRACTED REATH OR ANY MAN

BERNELL SEE BEEFEREIT

NAME OF TAXABLE PROPERTY.

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RUREAU V.S.

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information carefully. The co

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933)

CERTIFICATE OF DEATH Reg. Diat. No... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RULAL and give nearest town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?... 2.(a) If yeteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed or divorced 4. Sex MEDICAL CERTIFICATION 20. OATE OF OEATH 21. I CERTIEY that death occurred on the date above stated; that Lattended deceased from 6.(b) Name of husband or wife. 6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) **OURATION** Months If less than one day 8. AGE: 2425 9. Birthplace... (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace 14. Maiden name Major findings of operations.... 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof... Accident, suicide, or homicide..... (Burial, cremation, or removal Which? Where did Injury occur?(City or town) Cemetery or crematory (County) Injured at home farm Todustry public place (where?) injuced at work? Means of Injury 18. Funeral director 23. SIGNATURE M. D. or other

REVISION DO NOT STREET TO STREET TO

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY ALLEGANY CHARLES TAND MD	State MARYLAND County ALLEGANY
City or town	LONAUGNING:
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Memorial Hospital	Street No (If rural, give LOCATION)
How tong in hospitat or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ALEX B. MacMILLAN	169-04-1736
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION '
MALE WHITE WIDOWED	20. DATE OF DEATH FEB. 10, 45 ,10:35
6.(b) Name of bushand or wife REBECCA MacFARLAND	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date ot 7. To 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	and that f fast saw h. Linding on
deceased (mo., day, yr.) AUG • 7, 70	Immediate cause of death DURATION
8. AGE: Years Months Bays It tess than one day	
72 6 3hrsmin.	Myour Myor and
9. Birthplace WIARI LAND done coming allegany Co	Due to Degraphion
10. Usual occupation UNABLE TO WORK - Relieved	
11. Industry or business Coal Miner	Due to
E 12. Name ADAM B. MACMILLAN 13. Birthplace SCOTLAND	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name BARBARA GORDON SCOTLA ND 15. Birthplace	Major findings of operations
MRS.M. TERNENT	Date of op.
DE INDIAN DA	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 816 fores ane.	22, VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Bate thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremator Data Ttill Early	Where did injury occur?
-/	fnjured at home, farm, industry, public place (where?)
Location Day Control C	Means of Injury Injured at work?
18. Funeral director	AM 201.
Address Language Land	23. SIGNATURE I F. / Villiam
. Feb. 18 18 Winter R. Granty, M. R.	23. Signature (M.D. or other
(Dato rec'd by registrar) Registrar	Address Man Ve Monthsigned 1

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cois especially important. Physicians: please write the causes of death clearly and legibly. IN RESERVED FOR BINDING PLEASE WRITE

The correct age

FEB 21 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 924)

TIFICA	IE OF DEATH Reg. Dist. No	
earest town)	Sireet No. 20 Charles (If rural, give LOCATION)	*********************
	. 2.(a) If veteran, name war	
Dan	Soul Marten 3. (b) Social Security N	lumber
or divorced	MEDICAL CERTIFICATION	
2	20. DATE OF DEATH. 28. 19.4/5	at 4 212 m
90	21. I CENTIFY that death occurred on the date above stated; that Lattended decear	sed from
//year	and that I last saw h. 2 alive on Fel. 8	19.4.4
daymin	Immediate cause of death	DURATION 2 740
	Due to artius Schmin	170
	Due to	***************************************

or business		
. Aranci	al & Danse	ne
The	and a second second second second	
thplace / /	more	
0. 1	6	

(If outside city or town limits, write RURAL and give n

6.(a) Single, married, widowed

6.(c) If alive, give age

Evidence for change of age of deceased is shown on

FILM No. G 9 4 APR 13 1945

(Burial, cremation, or femoval, Which?)

Registrar (Date rec'd by registrar)

injured at home, fam lodustry, public place (where?) Means of Injuty

(County)

injured at work?

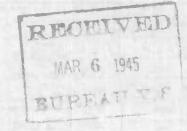
22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide,.....

Where did injury occur?(City or town)

(Include pregnancy within 3 menths of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

01253

CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write/RUKAL and kive nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboyn infants give residence of mother) Stale County County County City or town (1f outside city or town infinite, write RURAL and give nearest town) Street No. 3.0.6 Manual County City or LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Robert martin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Male That Mary 6. 6.(b) Name of husband or wife man Waight	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 1. Mark 1.	and that I last saw h alive on 19 Immediate cause of death Chronic Myocordins DURATION 14/
9. Birthplace Nampshire Mineral, N. Va. (Town, county, and state) 10. Usual occupation Myner	Due to. Orkerose 1031
11. Industry or business Cale mines 12. Name Delegat Martin 13. Birthplace Scale and	Other conditions
14. Malden name attletine johnson 15. Birthptace Scattand 16. totormant mr. Liederick martin	Major findings of operations.
Address 306 Shills (Me Neglarison) 17. Bull (Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide
Location Less Lewbork Md. 18. Funeral director Mad Tall Dudy Bland Address Vo attantals & Md.	Where did injury occur?
19. 26. 14 19 4 17 Backinkaker M; (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Tar Address. Peelman Date signed 123/56

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MAR 6 1945

RUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CEDTIFICATE OF DEATH

		2411 N. Charles St., B.			.1
	C	ERTIFICATE O	F DEATH	Reg. Diat. No	7
1. PLACE OF DEATH: County A LLEG	ANY BERLAND, MARYLAN y or town limits, write RURAL and ;	(F		O OF DECEASED:	NY
	dress where death accurred:	T ()	(If outside city or town l	imits, write RURAL and give	
How long in hospitat or institution	2 42 days		veteran, name war		***************************************
JAMES J.	McGOYE			3. (b) Social Securi	ty Number
4. Sex 5. Color	or race 6.(a)Single, married, with	PD P	MEDICAL OF DEATH FEB, 2,	CERTIFICATION 1945	at 9:30
9. Birthplace Mr. Law	sac allegany C	a ma	7 andrews I	A STATE OF THE STA	***************************************
10. Usual occupation	L'Own, connty, and state) L'Miner RADIL MCGOYE		nditions		
10. Usuat occupation	l'Miner /	Que to Other co	nditions	in 3 months of death)	
10. Usual occupation	L Miner L kson Mile ZAJELMCGOYE IRELAND IZABETH FARRELLI	Oue to Other co Major fi Autopsy PHYSIC	(Include pregnancy with adings of operations	in 3 months of deuth) Bate of op to which death should be charge	
10. Usual occupation	L Miner RELAND IZABETH FARRELL RELAND ames Munday land, Ind.	Oue to Other co Major fi Autopsy PHYSIC 22. VIO Accident	ditions	in 3 months of death) Date of op to which death should be chars al causes, fill in the following; Date of	

VS A15

MARGIN RESERVED FOR BINDING

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FEE 13 1945
BUREAU V.S.

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County DA a CONNIA	State Mary and county Allegary
City or town (If on side city or town limits write RURAL and rive nearest town)	100000000000000000000000000000000000000
How long in above place or death? Hospital, institution, or street address where death occurred:	(If satisfie eity or town limits, write RURAL and rive nearest town)
All bright All Live Call	Sireet No. (17 rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAMED	
Minne // Shuce	3. (b) Social Security Number
4, Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale State married	20. DATE OF DEATH February 6, 1945, at 8.15-P. M
8, (b) Name of husband or wife Thomas Dis Guisi	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give age years	19.4 4 to Feb 64 1947
1 7. Birth date of	and that I last saw h alive on Fale 19.44.5
deceased (mo., day, yr.) March 30, 893 8. AGE: Years Months Days If less than one day	Immediate cause of death Locales of Section DURATION
37 10 8nin.	V
and the state of t	
9. Birthplace	Bue 1a.
18. Usual occupation Att Asphitolica	Due fo.
11. Industry or business Own Home	PUE 14
# 12. Name thatang Cichlogen	Other conditions.
12. Name Landstandy Local Systems and Indiana.	
14. Maiden name Mastlaa Aatkinson	(Inclode pregnancy within 8 months of death)
5. Birthplace Longrowing Dis.	Major fludings of operations.
Polo, 17	
16. Informant	PHYSICIAN: Flease underline the cause tu which death should be charged statistically.
Address Anacopung file,	-22: VtOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal. Which (Burial, cremation, or removal. Which)	Accident, suicide, or homicide
Cemetery or cromatory Sak Hill Dennetical	Where did injury occur?
the same is a model	
Location	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director	injuice as note:
Address & maconing that.	23. SIGNATURE Harry ty- I todason by U.
tet, 8 of Dr. D. D. Com 17 lon	M. D. or other
(Date rec'd by pegistrar)	Address Landersing Date elgned Feb. 10 143

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECIEIVAD MAR 8 1M5 BUZERA

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

01256

Reg. Dist. No.

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COOTY	Slate Maryland County Allegany
City or town. Rural Cumberland (If outside city or town limits, write RURAL and give ocarest town)	Punal Cumbanland
How long in above place of death?	City or town (If ootside city or town lights, write RURAL and two nearest town) R.D.#3 PANDSHAM ON Street No.
Hospital, Institution, or street address, where death occurred:	Street No. R.D.#3 Philipschand ond
R.D.#3 Eumberland Hazen Road	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Hanson A.Miller	none
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION about
Male White Widowed	20, DATE OF DEATH. February 12th 1945 at 9 P.
6.(b) Name of husband or wife. Sallie Donnelly Miller	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(c) If alive, give ageyears	
7. Birth date of Assection 1873	and that I last saw h
	Immediate cause of death
o. Auc.	Coronary Occlusion
9. Birthplace. Maryland (Town, county, and state)	Due lo.
(Town, couoty, and state)	
10. Usual occupation General Work (Ald jobs)	Due to
ff. Industry or bosiness Liberty Cleaning Co./	
[12 Name Camuel Miller	Other conditions
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
Ella Dicken	
14. Malden came Ella Dicken 15. Birthplace Maryland	Major findings of operations.
≥ 15. Birthplace Maryland	Date of op.
16. Informant Mr. Lester Miller	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address R.D.#3 Cumberland, Md.	
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereof Feb. 17, 1945 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Zion Memorial Cem.	Where did injury occur? (City or town) (County) (State)
Localion Near Cumberland, Md.	Injured at home, farm, Industry, public place (where?)
18. Foneral director Charles L. George	Means of Injury Injured at work?
Address Cumberland, Md.	23. SIGNATURE PLLICA H. DOCAGY M
Hal is HE Withell F. T. m. A	
(Date ree'd by registrar) (Date ree'd by registrar)	Cumberland, Maryland Date signed 2-15-1

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DING INK. Supply every item of information carefully. The correct hysicians: please write the causes of death clearly and legibly.

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FEB 21 1945 BUREAU V.S 2411 N. Charles St., Baltimore

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

01257 Reg. Dist. No. 4

CERTIFICAT	Reg. Dist. No	
1. PLACE OF JRATH: Coucty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	1
3.(a) FULL NAME Sophia Anna Miller	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Hadried	MEDICAL CERTIFICATION February 11th., 45	, at 3 P;
S.(b) Name of husband or wife S.(c) if alive, give age years	21. I CERTIFY that death occurred on the dale above stated; that I altended dece	19
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death	
9. Birthpiace	Due to	
12. Name Jane Jane Jane Jane Jane Jane Jane Jan	Other conditions	
14. Malden name	Major findings of operations.	******************************
16. Informant Many & Endress	Antopsy results. No Autopsy PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address 11. (Burfal, eremation, or removal, Which?) Cemetery or crematory. (Mark Control of Contr	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location Compferland Ind.	injured at home, form, industry, public place (where?) Means of injury Injured at work?	
Address Company Market	23. SIGNATURE Cumberland, Maryland M. B.	or other

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FEB 21 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 312

CERTIFICATE OF DEATH

01258

CERTIFICA	Reg. Dist. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)	
City or town	State. Manyland County County	my
How long in above place of death? 50 mg	City or town	arest town)
Hospital, Institution, or treet eddress where death occurred:	Street No. 214 Aversaw as	
14 Immun me.	(tf rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	••••••
margaret Ther	sa mike 3. (b) Social Security	Number
4. Sex 5. Color or race 6. (5) Single, married_widowed, or divorced termale White Madowich.	MEDICAL CERTIFICATION 20, DATE OF DEATH FLOW 1945	- 10 50A
6.(6) Name of husband or wife Anthony a Ininke	21. I CERTIFY that death occurred on the date above stated; that I attended deep	eased from
7. Birth date of	and that I last saw h allve on Feb. 21	19 44
8. AGE: Years Months Days It less than one day	Immediate cause of death	3 day
70 5 26nin.	- 0	
9. Birthplace (Town, county, and state)	Due to Cerebral Wemorstope	may 44
1D. Usual occupation	Bue to. Meshint-	240
11. industry or business		
12. Name States Stay	Dther conditions	• • • • • • • • • • • • • • • • • • • •
13. Birthplace	(Include pregnancy within 3 months of death)	
14. Maiden name Prany Stacks 15. Birthplace	Major fiudings of operations.	
图 15. Birthplace	- Date of op	
16. Informant /m Many Sharman bus.	Autopsy results	
Address 2/4 Wholevervelw Olace	22. VIOLENCE: If death was due to external causes, fill in the following:	statistically.
(Burial, creunation, or removal Which) Date thereol (mpnth) (day) (year)	Accident, suicide, or homicide	
Cemeiery or crematory AB Patra & Parks Clare	Where did injury occur?	
location Complexiand	(City or town) (County)	(State)
U. 1 H. 9.0	Means of Injury Injured at work?	
18. Funeral director Arthur Circle	7 1 1	
Address combipling to	23. SIGNATURE May It Van	
19. Out 73, 1975 Wuller K. Frank, M. Registrar	The first state of the state of	De/23/4
U - S	wanton baic signer.	

PLEASE WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

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						-
CERT	IFIC	'A'	rf.	OF	DE	ATH

CERTIFICAT	E OF DEATH	Reg. Dist. No	
1. PLACE OF DEATH: County	City or town (If outside city or town limits Street No. (If rural, give	a, Vrite RURAL and give ne	
How long in hospital or institution?	2.(a) If veteran, name war		****************
3.(a) FULL NAME Nann Moseley		3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	about
F W. Married	20, OATE OF DEATH. February 2	5th., ,45	9.30P
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date abo		eased from
		to	40
7. Birth date of deceased (mo., day, yr.) (Oast 8 - 1890	and that I last saw halive on	180 080 080 000 000 000 000 000 000 000	19
8. AGE: Years Months Days tiless than one day 54 4 /hrsmin.	Immediate cause of death. Suicide by gunsh	ot	Instant death
8. Birthplace	Oue to		*** **********************************
10. Usual occupation	Due to		
12. Name Barton Blewart 13. Birthplace Q. J. Ceta Po	Other conditions		
	(Include pregnancy within 3		000
14. Maiden name Saracki The Allang 15. Birthplace, Oily City Pa	Major findings of operations.	Oate of op	
16. Informant Mrs & Mosslay	Autopsy results no autopsy PHYSICIAN: Please underline the cause to w	hich death should be charge	l statistically.
Address 17. Address 18. Cemetery or crematory. Address Date thereof 28.1 28 45. (month) (day) (year)	22. VIOLENCE: If death was due to external can accident, suicide, or homicide. Suicide. Where did injury occur? Mt. Sava (City or town)	uses, fill in the following; e Date of 2 ge, Allegan (County)	-25-45 y Md
location Mrt Sange	tnjured at home, farm, industry, public place (n	there?) home	**********************
18. Funeral director. 9. Security	Means of Injury 32 Cal, revo	lvertojured at work?	no
Address Frutting	23. SIGNATURE PLUMPS	H. bors	5-W, W.B
19. Feb 17 18 45 Vennice mg Semill Registrar	6 0	ryland Bate signed	2-26-45

PLEASE WRITE PLAINLY, WITH UNPADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

FARGIN RESERVED FOR BINDING

2-26-45 Cumberland, Maryland Deputy

MAR 8 1945
BUREAU V.S.

but will be sport to were and

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

correct age

Viewy to July 18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Allegany City or fown. Cumberland (If ontside city or town limits, write RURAL and give neurest town) Street No. 744 Maryland Ave. (If rural, give LOCATION) 2.(a) It veteran, name war.			•••••••		
3. (a) FULL NAM		Sall	1e Neff			3. (b) Social Security None	lumber
Female	5. Color or race White		le, married, widowed, or divorced Widow	MED 2D. DATE OF DEATH		RTIFICATION 4, 19 45	at
	773 - 3		Neff c) It alive, give agey 1867	and that I last saw harman alive	on	23, to 12	19 × 5
8. AGE: Year: 78	Months C	Days 2	tt less than one day	Immediate cause of death		un or deto	DURATION
10. Usuat occupation 11. Industry or busines	House	wife	state)	Due to	7 (
12. Name	Maryla	nd	ed	Other conditions			*******************************
14. Maiden name.	Unkno Unkno			(Include pregnand	•••••••		
16. Intermant. F1	rank S. N	*****************	. Cumberland,	Antopsy results		***************************************	
Bur 17 Bur 1	al or removal. Which?	Date ther	Feb. 16,194 (month) (day) (year) e Cemetery	M	o external cause	es, fill in the tollowing:	
18. Funeral director	Charles Cumberl	3 L. G	eorge	Injured at home, farm, industry, pub Means of injury			1/11
19. Let 1	6, 19 45	. / /	Ter R. Chante,	23. SIGNATURE	berl	M. D. or	other 2 /5/5

PERSONAL PROPERTY.

FEB 21 1945

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3.0

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ollegany	0000
City or lown Turing atom	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town (if outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	4 = 1
Hospital, Institution, or street address where death occurred:	Street No. Sevige Cours M. d.
	(figural give LOCATION)
Now long in hospital or institution?	2.(a) If veteras, name war
3. (a) FULL NAME	3. (b) Social Security Number
3.(a) FULL NAME	ille Newell 712
4 Ser 5. Color or race 6.(a)Single, married, widowed, or divorced	TOTAL COMPANY TION
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while widowed	20. DATE OF DEATH TELESCRIPTION 19 19 4 V 21 4: JOA M
Stacks Robinette	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
8.(b) Name of husband or wife.	February 18, 1845, 10 Jet 19 1945
	and that I last saw he consider on the way 18 19 45
7. Birth date of deceased (mo., day, yr.) Quay 11, 1863	
8. AGE: Years Months Days If less than one day	Immediate cause of death
0. 10.	
	(Dig Lt) in the fitting of any
9. Birthplace Two gatown allegany G. M. d.	Broto Reflecte body:
(Town, county, and state)	
19. Usual occupation	Due to.
11. Industry or business grocery Store	
12. Name 12. Name Conneticut	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. J. Jurgatown M.d.	
15 Time Tund.	Major fiodiogs of operations
2 15. Birthplace Jungalows Ma	
18. informant addie Tu. Mawell	Aotopsy resolts
Ham R. I N #3 Compelant Tus	PHYStCIAN: Please coderline the cause to which death should be charged statistically.
Address A. F. D 2 www. and and	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burjal, cremation, or removal, Which?) (Burjal, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which) (month) (ddy) (yest)	
Cemetery or crematory	Where did injury occur?
Location Cumberland Rud	Injured at home, farm, Industry, public place (where?)
00 531-00.	Means of Injury Injured at work?
18. Funeral director.	4
Address Cumberland Fire	Mensey Land on Mes
1 200 110 800 41	23. SIGNATURE M. D. oc other
19. That a real d by registrar Registrar	Address 15 D. Tukuth Of Date signed 2/30/KV
(Date Ice a by Togastar)	Address Date signed Date signed
Laced a so see	

ASSESSMENT TO THE SET SANGED STATE OF ALL DESCRIPTION 3 AF 8 1945

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MARY	TLAND STATE DEPARTMENT OF HEAD 2411 N. Charles St., Baltimore	TH ()120	61
	CERTIFICATE OF DEATH	Reg. Diat. No	4
1. PLACE OF DEATH: County City or town	d give nearest town) Eity or town (11 outside city Streef No.	or town Whits, write RUIAL end give neg	arest town)
How long in hospital or institution?		If rural, give LOCATION)	•••••
3. (a) FULL NAME george ma	roball Nijon	3. (b) Social Security	Number
4. See S. Color Gracs G. (a) Single, married,	widowed, or divorced MEI	DICAL CERTIFICATION	at
6.(b) Hame of husband or wife. Each R. Gr. 5.(c) If alive, good deceased (mo., day, yr.) 8. AGE: Years Mooths Days If less	give age 70 years 21. FCERTIFY that death occurred and that I last saw h alive Immediate organ of death	on the dale above stated; that I attended dece	eased from
9. Birthplace. Oldtown allegas (Town, founty, and staff) 10. Usual occupation. 11. industry or business W. W.	Due to. Due to.	o servais	454
KI () /	Other conditions	ncy within 8 months of qeath)	
15. Birthplace			
10. Informant Seo 24 7 40-1	PHYSICIAN: Please underline th	e cause to which death should be charged to external causes, till in the following;	
An: Tue and	month) (day) (year) Accident, suicide, or homicide	Date of	
Location O Stown Road - Cum	Injured at bome, farm, Industry, p	County) (County) (blic place (where?) Injured at work?	
18. Funeral director. John Hands	Means of Injury Md. Means of Injury	2 Ovens	
19. Ist. 26 19.45 Nentes	23. SIGNATURE 23. SIGNATURE	M, D,	or other

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BUREAU T. ...

THE LINE !

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore To

CERTIFICATE OF DEATH

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		- 11
Reg.	Dist.	No

.: Date signed .. 2/

	3		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For members infants give residence of mother)		
County City or fown Garanterland	State margiand county Allegarny -		
City or fown	City or town (If outside city or town limits, write, RURAL and give nearest town)		
low long in above place of death?			
Ty garage and	Street No. 77 Harry Care		
low long to hospital or institution3	(1f rural, we LOCATION) 2.(a) If veteran, name war		
B. (a) FULL NAME	3. (b) Social Security Number		
With Oleans	20-03-7236		
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Hmale White married	20. DATE OF DEATH Thruary 24 19 45, at 2 A.		
(6) Namo of husband or Carl Ott	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	W H - 34 45		
Birth date of	s and that I last saw h All alle on the last 19 19		
deceased (mo., day, yr.) Upnil 14 1905	Immediate cause of death		
AGE: Years Months Days If less firm one day	acute myocardial Jacture , Know		
39 10 5hrsmin.			
Birthplace	Aus in Khenreafer Through Descrie		
Fown, county, and atate)	nutral Stenning & Smanlfameing 7		
D. Usual occupation	Certic Stenost 148.		
1. Industry or business with street	aurunton Flanching Ch		
12. Name S. graf Prodomild. 13. Birthplace	Other conditions Transport Street		
13. Birthplace			
	(Include pregnancy within 3 months of death)		
14. Maiden named Marza Lawton) 15. Birthplace	Major findings of operations		
15. Birthplace	- Date of op.		
6. Informant Oracle St.	Autopsy results.		
Address Cumbuland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
America Real HALVE N.F.	22. YIOLENCE: If death was due to external causes, fill in the following:		
(Buriai, cremation, or removel, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. On Bland Class.	Where did injury occur?		
Location Valland, and	Injured al home, farm, industry, public place (where?)		
8. Funeral director. Lanin Stein One	Means of Injury Injured all work?		
1 1 1			
Address Comptoniand	23. SIGNATURE Something the Comment of the line		
19. Och 24 18 45 Kinter Granty Max	M. D. or other		
(Date rec'd by registrar) Registrar	Address Date signed Date signed		



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

age		s St., Baltimore
correct y.	CERTIFICAT	E OF DEATH Reg. Diat. No.
The	City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State County County County County County City or town (It outside city or town limits, write RURAL and give nearest town)
care	Hospital, institution or street address whose death occurred:	Street No
tior h c	How long in hospital or institution?	3. (b) Social Security Number
information of death cle	3. (a) FULL NAME Reymond Woodrow Tarry	217-10-6064
of	Male White married, widowed, or divorced Male White married	MEDICAL CERTIFICATION 20. DATE OF DEATH. F. C. 2 1945 at 9 30 Am
-Fi (1)	8.(6) Hame of husband or wife Rosalie Farry	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from
eve	7. Birth date of deceased (mo., day, yr.) June 12, 1913	Immediate canso of death OURATION
ADING INK. Supply Physicians: please wr	8. AGE: Years Jonths Days It less than one day 20	Subture of left & suil &
INK. ns: ple	8. Birthplecom islathian allegary Cty Md. (Town/county, and pate)	Storach into Upt 4 4 Day
ING	10. Usual occupation abrahmy works 11. Industry or business Cel arese Corporation	Due to Place al Carety
Fr.	12. Name Trans Carry	Other conditions
WITH UNI important.	13. Birthplace angland 14. Malden name Sarals Conferenter 15. Birthplace angland	(Incinde pregnancy within 8 months of death) Major findings of operations.
WITH r impor	man Ray And Cappe	Autopsy results.
NLY, ciall	Address Midlethian Md.	PHYSICIAN: Plesse underliee the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing:
PLAINLY, is especially	17(Burial, cremation, or removal Which?) Date thereof	Accident, suicide, or homicide
RITE	Cemetery or crematory.	Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) (While further
E WI	18. Funeral director.	Means of Injury tell + Struck Left Blured at work? 720
EASE	Address Thesthing Md.	23. SIGNATURE WOMO Land D. or other
PL.	19. 2-5 (Date ree'd by registrar) 19. 45 Nus. Mancy A Registrar	Address Floor Burg Moste signed 2-5-45

THE STREET OF STREET, STREET,

MAR 6 1945
BUREAU V.S.

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01264

CERTIFICAT	E OF DEATH	Rog. Diat. No.
L and give nearest town)	Street No. 38 74. Mas	County Cleaning

County	For newborn infants give residence of mother)
City or town (If outside city or town limit, wife RULL and give nearest town)	State Marifage County allegacy
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 38 H. Machanic ST
38 W. mechanic St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
anie E. Jarle	none
4. Sex 5. Color or raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple White Dingle	20. DATE OF DEATH February 10 19.45 21 9.A
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	2-6 1945 10 2-/0 194
7. Birth date of	and that I last saw here alive on 2-10 19.45
8. AGE: Years / Months Days If less than one day	Immediate canse of death
90 8 6hrs. min.	Valocular distase
9. Birthplace Frather new (Town, outry, and state)	Due to
10. Usual occupation. Javas dange	Due to arterio - oclerasia
11. Industry or business	
E 12. Name dove 13. Potter	Other conditions
\$ 13. Birthplace Furthery ha.	(Include pregnancy within 3 months of death)
14. Malden name. Rackel & Keisinger 15. Birthplace Unknown	Major findings of operations
15. Birthplace Turcubum	Date of op.
16. Informant Least Jouter	Antopsy results
Address Furthery, M.	
17 Burial Date thereof Febr 13 1945	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	/
Cemetery or crematory	Where did injury occur?
Location Trouthing Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. A Querst	Means of Injury Injured at work?
Address Troutling Md.	23. SIGNATURE A.C. Diell Mid.
1 A el 12, 45 mis Xaues N. Ros	M. D. or owner
(Date rec'd hy registrar) Registrar	Address Toostling , Ma Date signed 12 / 2

VS A15

BYDASH TO TRUMBASHA STATE CHARMAN

MAR 6 1945
BUREAU V.S.

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (257)

01265

CERTIFICAT	TE OF DEATH Reg. Dist. No4
I. PLACE OF DEATH: County ALLEGANY County CUMBERLAND, City or town (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 10 DAYS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) PA . State
3.(a) FULL NAME MRS. IDA RINEHART	3. (b) Social Security Number
4. Ser FEMALE 5. Color or race 6.(a)Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH FEBRUARY 7, 19 45, 11:20 P.
8.(6) Name of husband or wife. JOHN RINEHART	21. I CERTIFY that death occurred oe the date above stated: that t attended deceased from
7. Birth date of deceased (mo., day, yr.) SEPTEMBER 6 / 8 6 0 8. AGE: Years Months Days It less than ooe day hrs. min. 9. Birthplace Town, county, and state) 10. Usual occupation. HOUSEWIFE 11. Industry or business CADWELL 12. Name PA. 13. Birthplace BELINDA WOTRING 14. Malden name BELINDA WOTRING 15. Birthplace 16. letormant. MEMORIAL HOSPITAL Address. CUMBERLAND, MARYLAND	Immediate cause of desth
17. (Burial, cremation, or removal Which) Cemetery or crematory Litheran Cem Location 18. Funeral director (M. Carpane C. M.	22. VIOLENCE: if death was due to external causes, till in the following; Accident, suicide, or homicide

VS A15

PLEASE

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CEDTIFICATE OF DEATH

01266

CERTIFICA	TE OF DEATH	Reg. Dist. No.	**********
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) 0 (For newborn lufants give residence of	F DECEASED:	
County Allegany	state Maryland co		
(If outside city or town limits, write RURAL and give nearest town)			
ow long in above place of death?	City or town Comberland		wn)
lospital, Institution, or street addrese where death occurred:	Street No. 145 Wincow		
ow long in hospital or institution?		LOCATION)	
B. (a) FULL NAME	. 2.(a) If veteran, come war		
Edward Robins	ou	3. (b) Social Security Numb	er
1. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION alo	<u> </u>
Wale lestred 5 mgle	20. DATE OF DEATH February	14th., 18.45 at \	1.3
8.(b) Name of busband or wife	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased fro)rin
	rsfg.		
7. Birth date of deceased (mo., day, yr.) Warch 14 1869	and that I last saw halive on	The second secon	
B. AGE: Years Months Days If less than one day	Immediate cause of death	hogia	DURATI
75 11 0hrsmle	. Ot onat yt.III ou		*********
300			********
(Town, county, and state)	Due to		*********
10. Usual occopation. Laborer	Due to.		***********
f f. Industry or bosiness			
12 Name Edward Robinson	Dther conditions Old Osteo-	myelitis	
12 Birtholoca	right femur. (Include pregnancy within 8		yr
14. Maiden name Maria Bowles			
	Major findings of operations		
15. Birthplace Va 16. Walter Robinson - 133 rd St.	Autopsy results no autopsy	Date of op	********
16. Informant OV CALL IN	PHYSICIAN: Please underline the cause to w	rhich death should be charged statisti	cally.
Address New York. N. 4	22. VIOLENCE: If death was due to external ca		
Burial Burial Date thereof 706 19 1945 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Somner Cometary	Where did injury occur?(City or town)	(Cander) (CA)	
Location Comberland, Md.	injured at home, farm, lodustry, public place (s		
Location Common State O	Means of Injury	Injured at work?	
18. Fuzeral director. Louis Stein Duc.	licens of titles?		
Address Comberland, md.	7 23. SIGNATURE LANGE	H. Corson,	W.
. Tel 19 " 45 White R. Thank	Cumberland, Ma		15_
19. (Date rec'd by registrar) 19. 45 Mules R. Thauly Registra	it littles outil bot Latin, Ma	Date signed	

VS A15

.. Date signed .. Allegany 500 ROR SOLVER STREET, LANS. BO

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-4

CERTIFICATE OF DEATH

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CERTIFICAL	Reg. Dist. No.
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For perhorn infants give residence of mother) State
Row long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME Walter Calson 4. Sex 5. Color or Jace 6. (a) Single, married, widowed, or divorced	Reighard. 3.(b) Social Security Number 214-05-4857
male Whote married	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from
8. AGE: Years Months Days If less than one day 6.3 0 11hrsmio.	Immediate cause of death
9. Birthplace	Due to
14. Maiden name & Lasa dysings 15. 8irthplace	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. 20010
Address Amountained and	Autopsy results PHYSICIAN: Please underline the cause tu which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fillt in the following:
(Burful, cremation, or removal, Which?) Cemetery or crematory	Accident, suicide, or homicide
tocation for the land.	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address makering in the Many	23. SIGNATURE A. J. J. J. J. J. J. J. D. C. other
(Date rec'd by registrar)	Address Dunberland signed Y. 28.4

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MARYLAND STATE DEPARTMENT OF HEALTH

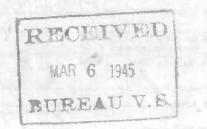
2411 N. Charles St., Baltimore 940

01960

Reg. Dlat. No.

CF	JL	has	1	ž	í)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For perform infants give residence of mother)
County County	State Ilmna County Belford
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town timits, write RURAL and give nearest town)
Hospital, institution or street address where death opcurred	Street No.
	(If rural, give LOCATION)
How long in hospital of Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry Surner S	Chelling 208-10-3806.
4. Sex 5. Color or race 6/a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. 2 19.45, at 76
6,(b) Name of husband or wife. Lara 6. Mc Neer	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	2/27 1945 10 2/28 19 40
7. Birth date of	and that I last saw h 1/m alive on 2/28 19 40
8. AGE: Years Months Dy's It less than one day	Immediate cause of death DURATION
1- 11	Changary Ihrondona Share
M. III . O	
8. Birthplace Alffeld (a Lana. Alowyg county, and state)	Due to
10 Havel accuration the broker	
Po A 1 aug D 1 6	Due to.
12. Name ALCONO A CALLINA	Other cooditions
3. Birthplace Fa.	(Include pregnancy within 8 months of death)
E 14. Malden name Alacenda Congres	Major findings of operations
15. Birthptace	Date of op.
16. Informant Mrs. Class Chelling	Antopsy results
Address Hundman, Ja-1	PHYSICIAN: Please underline the canse to which death should be charged statistically.
To many many	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Bnrial, cremation, or reply 2. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or exemplery Werling O.O. F.	Where did injury occur?
Location Derling Ja.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Thanker IV. Leigher	Means of injury injured at work?
	Ort and man
Address Algnamafin, Va.	23. SIGNATURE Home of Stopper Me
19. Marl of 19 45 Winter K. Granty M. D.	M, D, or other
(Date rec'd by registrar)	Address Date signed 3.40



M. D. or other

s St., Baltimore	0200
E OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOME) (For newborn infants give residence of the control of t	OF DECEASED: of mother) Ounty Allegary
City or town	its, write RURAL and give nearest town)
Street No. J. O. 5 Dras (If rural, gi	ve LOCATION)
2.(a) If veteran, name war	
Scott	3. (b) Social Security Number
MEDICAL (CERTIFICATION
20. DATE OF BEATH. F.	24 1948, 21 74
21. I CERTIFY that death occurred by the date a	boye stated; that Lattended deceased from
end that I last saw h Ralalive on	F-16 24 10.5
Immediate cause of drath	DURATE 3 CO
ante	
Due to Leave	le ?

Due to	***************************************

Other conditions	***************************************
(Include pregnancy within	5 months of death)
Major findings of operations	***************************************
***************************************	Date of op
Autopsy results	
22. VIOLENCE: tf death was due to external c	auses, filt in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town) (County) (State)
Injured at home, farm, industry, public place ((where?)

23 SIGNATURE

Address

MAR 6 1945
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1/08

01270

CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: Coonty City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution or street address where death accounted: How long in hospital or institution.	2. USUAL RESIDENCE (HOME) OF DECE (Eet lewboru infant) give resideuce of mother) State County City or town (If outside city or town limits, write in the county of the	RURAL and give nearest town) ION)
3. (a) FULL NAME JOHN HONOY 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorsed	ell, 2	b) Social Security Number 14-14-7845
Insk White married	MEDICAL CERTIF	FICATION 19.45 1.4:30 Am
6.(b) Name of husband or wire Villand See Connell 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated2-14-45	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 57 9 75	and that 1 last saw tim alive on Feb. 1 Immediate cause of death Acute myocarditis	8 19.45. DURATION Several days
9. Birihplace	Due to Fulmonary edema	l week 2 days
12. Hame Inchart Stell 13. Birthplace Inchart Ind	Dther conditions	
16. Informant Para September 15. Birthplace	Major findings of operations. Actopsy results	Date of op.
Address 11. Date thereo1. (mopth) (day) (year) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in Accident, suicide, or bomicide	Date o1
Location Constitution Social Stein Social Address Configuration Stein Social Stein Stein Social Stein Stein Social Stein St	Injured at home, farm, Industry, poblic place (where?) Means of higher 23. SIGNATURE	Injured at work?
19. Tab 7/ 19. 45 Wuller K. trantz, M. D. (Date rec'd by registrar) Registrar	Address Cumberland, Md.	M. D. or other 2-20-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934 CERTIFICATE OF DEATH

		2	7	1		
Reg.	Diat.	No.			4	
1405.	D 1004				.4	

V-11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Reg. Dist. 100
1. PLACE OF DEATH: County, alleany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother)
City or town	State County County County
How long in above place of dealth?	City or town
Hospitat, institution, or street aldress where death occurred:	Street No. 6 6 6 C
6 Elder St.	(If rural, givo LOCATION)
Row long to hospital or Institution?	2.(a) If reteran, name war.
3.(a) FULL NAME Charles Peter -	Shaffer 3.(b) Social Security Number 705-05-4794
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divogaed	MEDICAL CERTIFICATION
Male White Widowed	20. DATE DE DEATH Kele 0 1945 at 6 730 P. M.
6.(b) Name of husband or wife. Ella Vinguna Bedford	-21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(c) Wallve, give ageyears	19 4 10 tracker 19 19 400
7. Birth date of deceased (mo., day, yr.) Sept 3 1866	and that I last saw h and alive on the same alive of the same aliv
8. AGE: Years Months Days If loss than one day	Immediate cause of death DURATION
78 5 7hrsmla.	2 94
9. Birthpiace Marlinsburg, Berkeley W. X	· Due to Cardo Vascular Va
drown, county, and state)	Suscession
10. Usual occupation	Due to
11. Industry or business	
12. Name Sunon Peta Shaffer. 13. Birthplace Wartinsburg W. Ya	Dther conditions
	(Include pregnancy within 3 months of doath)
14. Malden name Saisan R. 130tz. 15. Birthplace Mantinghing W. Va	Major findings of operations.
15. Birmplace	
16. Informant	Antopsy results
Address 6 & Olyst - Claut Max	22. VIOLENCE: If dealh was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Dale thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Stellerest Counterns:	Where did injury occur?
Location Crubelland tuds.	injured at home, farm, industry, public place (where?)
18. Funeral director. John J. Haffer	Means of Injury Injured at work?
Address D. J. Land Ogerd	ma sommers
21 + 09 72	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) (Registrar)	Address / 3 3 2 a a Date signed 2 2 Cs

HOUSE SERVICE DISC.

FEB 21 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

			L	ł
Reg.	Dist.	No.	**************	L

		-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Hilegany	State W. Va. County Preston	
City or town		1000
How long in above place of death? 34.75.	City or town Rowelsburg (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
119 Harrison St	(If rural, give LOCATION)	
How long in haspital of institution	2.(a) If veteran, name war. WORLD VYAR T	<u></u>
3. (a) FULL NAME	3. (b) Social Security Number	
Emory Shatzer	705-05-1800	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION about	
male white married.	20. DATE OF DEATH February 23rd . , 1945 at 5 A	M
B.(b) Name of husband or wife. Nellie Rhoades	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
8.(c) If alive, give age years		
7. Birth date of + 21 / C/Ca	and that I last saw hallye on19	******
deceased (mo., day, yr.) Oct. 21. 1889	Immediate cause of death	N.
o. Aug.	Coronary Occlusion	
55 4 2hrsnin.		
9. Birthplace Comberland Allegany Md.	Due to	
10. Usual occupation. Foreman.	Due to	
11. Industry or business Water & Pipe Dept. B. & O. R. R.		1
12. Hame. Conrad Shatzer 13. Birthplace Md.	Other conditions	
13. Birthplace Md.	(Include pregnancy within 3 months of death)	
14. Maiden name. Sidney Danials 15. Birthplace Md.	(Include pregnancy within 3 months of death) Major findings of operations.	
15. Birthplace Md.	Major findings of operations	
	Autopsy results. no autopsy	
16. Informant Carl Shatzer.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Cumberland, Md.	22 VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial, eremation, or removal, Which?) Bate thereof Teb 25 1945 (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide	

Cemetery or crematory Rose Hill Cemetary	Where did injury occur?	
Location Comberland, md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Louis Stein, Inc.	Means of Injury Injured at work?	
0 1 1 1 1 10 1	0	
Address Comberiand, Ma	23. SIGNATURE M. D. or other	1,0
18. What registrar 18 Mariles R. Charly M. a. Registrar	Address Cumberland, Maryland Bate signed 2-23-	4.5

THE PARTY OF THE PROPERTY OF THE PARTY OF TH A STATE OF STREET 是一种TA2世纪的思想的 Charles and Million and Labor. The late of the state of the st

1. PLACE OF DEATH:

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every item of information carefully.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

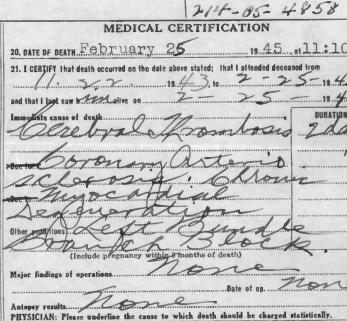
01273

3. (b) Social Security Number

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Allegany
Clly or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)
Street No. 112 Washington Street
(If rural, give LOCATION)
2.(a) It voteran, name war

County	2 all y		***************************************	
City or town Cur	nberland	Mary	land	
(11 0)	itside city of town i	ituites, write it.	UKAL and give ne	arest town)
How long in above place Hospital, institution, or	street addross where	death occurred:		
Men	norial H	ospita	11	
low long in hospital or	Institution?	l day		
3. (a) FULL NAME				
Mr.	John G.	Shear	er	
I. Sex	5. Color or race		, married, widowed, o	or divorced
Male	White	Me	arried	
		iotto	Halton	
6.(b) Name of husband (wife	Terra	110 1 6011	E 3
T. Birth date of	Dance 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2) It alive, give age	5 1 years
	Fohn	ווייי פון	1887	7
decoased (mo., day, y	. Febr	aary	1001	
decoased (mo., day, yr 8. AGE: Years	Months	Days	It less than one	
decoased (mo., day, yr				
decoased (mo., day, yr 8. AGE: Years	Months		It less than one	day
decoased (mo., day, yr 8. AGE: Years 53	Months O eyland	Days 24 umste	It less than onehrs.	day
decoased (mo., day, yr 8. AGE: Years 53	Months O eyland	Days 24 umste	It less than onehrs.	day
decoased (mo., day, yi 8. AGE: Years 53 9. Birthplace	Months O Cyland (Town, Supply	Days 2-4 county, and st Clerk	It less than onehrs.	day
decoased (mo., day, yi 8. AGE: Years 53 9. Birthplace	Months O Cyland (Town, Supply	Days 2-4 county, and st Clerk	It less than onehrs.	day
decoased (mo., day, yi 8. AGE: Years 53 9. Birthplace	Months O Cyland (Town, Supply	Days 2-4 county, and st Clerk	It less than onehrs.	day
decoased (mo., day, yi 8. AGE: Years 53 9. Birthplace	Months O Supply Oefluse Oert She Virginia	Days 24 non-live county, and si Clerk Again	It less than one	day
decoased (mo., day, yi 8. AGE: Years 53 9. Birthplace	Months O Supply Oefluse Oert She Virginia	Days 24 non-live county, and si Clerk Again	It less than one	day
decoased (mo., day, yi 8. AGE: Years 53 9. Birthplace	Months O Supply Oefluse Oert She Virginia	Days 24 non-live county, and si Clerk Again	It less than one	day
9. Birthplace Polymers 10. Usual occupation 11. industry or business 12. Name Rok 13. Birthplace 14. Maiden name 15. Birthplace	Months O Supply Oefluse Oert She Virginia	Days 24 Local Accounty, and so Clerk arer et Gos irgin:	It less than one	day
decoased (mo., day, yr. 8. AGE: Years 5. 9. Birthplace	Months cyland Supply Defuse oert She Virginia Margar West V emořřal	Days 24 County, and so Clerk arer et Gos irgin: Hospit	It less than one hrs. Late) shorn a a a a a a a a a a a a a	day
9. Birthplace	Supply October She Virginia Margar West V	Days 24 county, and so Clerk arer et Gos irgini Hospit d, Mar	shorn ia cal	day
decoased (mo., day, yr. 8. AGE: Years 5. 9. Birthplace	Months O Cyland Supply Oert She Virginia Margar West V emorral umberlan	pays 24 non-lay county, and si Clerk arer et Gos irgin: Hospit d, Mar	shorn ia cyland	28 45
decoased (mo., day, yi 8. AGE: Years 5. S 9. Birthplace	Months cyland Crown Supply Defuse Dert She Virginia Margar West V emorral umberlan or removal. Which	pays 24 non-lay county, and si Clerk arer et Gos irgin: Hospit d, Mar	shorn ia cyland	day



(Date rec'd by registrar)

is especially

WRITE PLAINLY

PLEASE

22. VIOLENCE: If doath was due to external causes, till in the tollowing: Accident, suicide, or homicide. Where did injury occur? Injured at home, farm, Industry, public place (whero?)

Means of Injury

Address

23. SIGNATURA

Injured at work?

(State)

MR 6 1945
BUREAU V.S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01274

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Oflyggth	(For newborn infants give residence of mother)
City or town (Routside city or town imits, write RURAL and give nearest town)	State Md. County Cellegers
(It outside city of town limits, write RURAL and give nearest town)	City or town Frestling
How fould to apply bidge of again an analysis and an analysis	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred	Street No. 2 4 6. Infance St.
mulis Sosperal	(If rural, give LOCATION)
How long in hospital or institution? 9 Days	2.(a) If veteran, name war
3. (a) FULL NAME	
	3. (b) Social Security Number
Charles Joseph &	hields
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
made while maried	10 NUT OF DEATH FEEL 11 115 7:15 F.
7,000	20. DATE OF DEATH 19.43 at 13 / N
6.(b) Name of husband or wife. Margant Henry	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Fef 2 1943 to Fef 1/ 1943
7. Birth date of S. (c) If allve, give age	and that I last saw home elive on Fel 11
deceased (mo., day, yr.) December 18, 1869	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
75 1 24nrs.	7nd Degree Burns
15 A T Min.	Less & Back
9. Birthplace Shaft allegany Jas	Due to.
(Town, county, and state)	
10. Usoal occupation de set to	
(/1/)	Die to
11. Industry or business of Muliagla Office	<u> </u>
E 12 Name James of Collis	Other conditions
13. Birthglace Deland	
	(Include pregnancy within 3 months of death)
14. Maiden name Africa Section 15. Birthplace	Major findings of operations.
E 15. Birthglace	
1 2 4 10	Qate of op.
16. Informant Mso Tach Meseral at Mark	Autopsy results.
Address Ist. Lance of Lyd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bears 2 -15-11945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Date thereof (mopeh) (day) (year)	Accident, suicide, or homicide
St. Jal. Life t	Where did Inher occur? Trafficus alles ma
Cemetery or crematory	(City or town) (County) (State)
Location Transfer	Injured at home, farm, industry, public place (where?)
Day H Chali	Means of injury Clother Cought injured at work?
18. Funeral director	As Gie
Address Frestly as he	The same of head
	23. SIGNATURE 27 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
19. 2-14 1945 Ms Naucy & Koz	D. or other
(Date rec'd by registrar) Registrar	Address Lagathera md Dite signed 2-13-43

RECUIVED

MAR 6 1945

BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Lot

CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboro infents give residence of mother)
Cily or town (If outside city or thwo mits, write BURAL and give nearest town) How long in above place of dealh?	City or town
Hospital, Institution, or street address where death occurred: 9 to 6: Main Street	Street No. 1317 San Street No. 1317 Street No. 1317 Street No. 1317 San Street No. 131
How long in hospital or institution?	2.(a) II veteran, name war.
3. (a) FULL HAME John Enddy Fra	neis Shields 2/4-07-200/
4. Sex S. Color or race G.(a) Single, married, wide offer, or divorced Make White Makrie	MEDICAL CERTIFICATION 20. DATE OF DEATH FEB 9 1945 145 A M
6.(b) Name of bushand or wife to say Thomas	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 1 1 2 5 - 1909	and that I last saw the alive on 1940
8. AGE: Years Months Days If less than one day 35 // 24	Pulmonary, 340
9. Birthplace Freshing, allegany, md. (Town, county, and state)	Due to Jukeruloses
10. Usual occupation.	Due to
12. Name Survival Sur	Other conditions
14. Maiden name The party of hand	(Include pregnancy within 3 months of death) Major findings of operations
	Bate of op.
Address 317 Park and Basto 1-ma	Autopsy results
17 But thereof 2 -27 - 1945 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory II Islandia James Language	Where did injury occur?
Location Typothius J. J.	Injured at home, farm, industry, public place (where?)
18. Funeral director Land	Means of Injury Injured at work?
Address Tracking, MA	23. SIGNATURE TO THE TONE OF THE PROPERTY OF T
19. 2 - 2 19. 45 July Mancy & More Registrar	Address Footburg My Jake signet elso 1945

MAR 6 1945
BUREAU V.S.

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PLEASE WRITE PLAINLY, WITH U

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /07

01276

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Allegany Rural #5 Cumberland, Ad.			(T	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the second	F DECEASED:	
			d. I.d.	[]		
City or town. Rurel 43 Cumberland, Md. (If ontside city or town limits, write RURAL and give nearest town)		State County Allegany City or town Rural # 3. Cumberland, 1d. (If outside city or town limits, write RURAL and give nearest town)				
How long in above pl	lace of death?	Yr 10	Lo 144Days	(If outside city or town limits	, write RURAL and give ne	earest town)
Hospital, Institution,	or street address where 1 75 3. Cumb	death occurred	d:	Street No. Rural # 3.	***************************************	
				(If rural, give	LOCATION)	
How long in hospita	l or institution?		***************************************	2.(a) if veferan, name war	••••••••••••	
3. (a) FULL NA	ME		omia Chiana		3. (b) Social Security	Number
	1110	mas D	avid Shipley		None	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	about
Male	White		Single		2nd., 19 45	
e (h) Nome of hughe	and or wife		***************************************	21. I CERTIFY that death occurred on the date abo	ve stated; fhat I attended dec	eased from
				40	, to	19
7. Birth date of			c) if elive, give ageye	and that I last saw halive on		19
deceased (mo., da	717	18, 1		Immediate cause of death		DURATION
8. AGE: Ye	eara Months	Days	It less than one day	Broncho-Pneumo	onia	about 1 week
				HIT		T week
9. Birthplace. Cu	mberland, A	llegan	y Co, Maryland	Due fo	***************************************	***************************************
					•••••	
10. Usuat occupation	Off		***************************************	Due to		***************************************
11. Industry or busing		(1)	1 . 7		***************************************	
12. Name	James	T. Sh	пртел	Other conditions	***************************************	
		land,				
14 Malden nor	Lela Sla	ubaugh		(Include pregnancy within 3 m		
E 14. maiden har	TI a a a a Clara	Dana	To To	Major findings of operations		
≥ 1 15. Birthplace	Horse Shoe	nun,	H . VEL .	no cutoner	Date of op	**************************
1B. Intermanf	lrs. Jame	S I. S	hipley			
Address Rt	t 3/ 3. Crumbe	erland,	ld.	PHYSICIAN: Please anderline the cause to wh		statistically.
				22. VIOLENCE: If death was due to external cause		
	ion, or removal. Which?		eot 2/6/45 (month) (day) (year)	1		
Cemetery or crem	natoryGre	enmoun	t Cenetery	Where did injury occur?(City or town)	(County)	(State)
Location	Cumb	perland	, ld.	tnjured at home, tarm, industry, public place (wh	ere?)	••••••
18. Funeral director	William	H. Ki	.ght	Means of Injury	injured af work?	
Address		nberlan			0 .	
21	1	- 1.1.	+ 0 % + n	23. SIGNATURE	TAN THE	or other
19. (Date rec'd by	19 45	Win	W.K. (Mauly //	Cumberland, Ma		or2ther3-45
(Date Lec, q ph	registrar)		Registr	ar Address		

CERTIFICATI OR DESCRIPTION

THE RESERVE OF THE PARTY OF THE

FEB 13 1945
BUREAU V.S.

Brings -

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Coucly (If outside city or town limits, write RURAL and give uearest town) How long in above place of death? How long in hospital or institution.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State County County City or town limits, write RURAL snaprive nearest town) Street No. 5 / 7 (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Les Casper Sho	Rev 3. (b) Social Security Number
4. Set White 6. (a) Single, refried, widowed, or divorced White 6. (b) Name of husband or wife. White Crawford S. (c) If alive, give age. S. (c) If alive, give age. S. (d) If alive, give age. S. (e) If alive, give age. S. (f) If alive, give age. S. (f) If alive, give age. S. (g) If alive, give ag	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from Pecchic 19 4 10 Millians 2718 4 5.7 and that I last saw h
14. Matter name. December 15. Birthplace Everett 15. Birthplace Everett 16. Informant. Address 503 N. Wechanie St Cumb. 17. Burner Date thereof Mon Z. 1945 (Burlial, cremation, or removal. Which?) Cemetery or crematory. St Pellers thank emeting Location. 18. Funeral director Solding Matter Solding Matters Address Cumber Date Land.	(Include pregnancy within 3 months of destri) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Means of injury
19. March 1 18 45 Nente Paraty M. C. (Dato rec'd by registrar)	23. SIGNATURE M. D. or other Address Law Mul Bate signed 2-29-29

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MAR 6 1945
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFIC	ATE OF DEATH Reg. Diat. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn inforts give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Grary E. Shoc	3. (b) Social Security Number
Ser 5. Color or race 5. Single, married, wildowed, or divorced Himale Minte Madored	MEDICAL CERTIFICATION 20. DATE OF DEATH. F. S. 1. 7. 4.
6.(b) Name of husband or wife Lenvis & Shocke	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Birth date of deceased (mo., day, yr.) B. AGE: Years Mooths Days If less than one day B. 4 9 14 hrs.	and that I last saw has alive on 2 19.46 Immediate cause of death Malipaaning f The
. Birthplace (Town, county, and state)	Due 10. Malignaning & Bread 37
0. Usual occupation	Due to
12. Name Dlonge II. Va.	Other conditions
14. Maiden name Alkocas Kesles 15. Birthplace 17. Va	Major fiedings of operations
6. Informant densis & Should	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Date thereol (month) (day) (year)	
Cometery or crematory 6 Am July 100 100 100 100 100 100 100 100 100 10	Where did injury occur?
Address Combonada +	23. SIGNATURE PP Barren MD.
19. Deb good by secretary 18 45 Winter R. Oranty.	M. B. Britan Baldress Com hurland M. Sale signed . 2 To A

RECEIVED HEREAT V.S. 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants rive residence of mother) 1. PLACE OF DEATH: County..... (If ontaide city orthwn/limits, write RURAL and give nearest town) city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospitat, Institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) if veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number Peter Smith 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 5. Color or race 4. Sex about 20. DATE OF DEATH February 22nd. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from .6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) Immediate cause of death..... Months Davs tfless than one day Coronary Occlusion Years 8. AGE: Last seen alive ten days (Town, county, and state) Head, thoracic contents, left arm partially devoured by animals. 18. Usual occupation. presumably rats: possibly by a pet 11. Industry or business the room with him 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations...... Autopsy results no autopsy PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? (City or town) (County) Injured at home, farm, todustry, public place (where?) Injured at work? Means of Injury t8. Funeral director.

Registrar

Cumberland, Maryland, signed

3-1-45

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bia

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CERTIFICATE OF DEATH

Diat. No.

1. PLACE OF DEATH: allegamen	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
D	allegany
City or town. (If onteride city nr town limits, write PURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	(b) Social Security Number
Charles Melvin	mouse none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w single	20. DATE OF DEATH 7-eb. 14 19 45 at 3 H.
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	gan, 15 1944, to Jeb. 14 1945
7. Birth date of deceased (mo., day, yr.) Q EX. 16, 1872	end that last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death
72 3, 28hrsmin	
2 H all med	Que la arteria- sclerosia:
9. Birthplace	
10. Usual occupation.	Due to Senility.
11. Industry or business Coal mener laborer	
12. Name Al any I mana 1	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden nama III May Miletina Walla	Major findings of operations.
15. Birthplace / Wales	
18. Informant Miss & San Amaria	. Autopsy results.
Address Swallburg , ma.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Date thereof. 9.4. (6 / 94.5) (mnnth) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide,
Cemetery or crematory	Where did injury occur? (City of own) (Connty) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
Address 13 thurs	23 SIGNATURE S.C. Dielel M. D.
10 2-16 145 My Havey A-Res	M. D. nr other
(D) to moved by margintron)	E Address trostliera, Med. Bate elonod 4/15/ ac

MARKAGE STATE DEPARTMENT OF HISTORY

MAR 6 1945

BUREAU V.S.

2411 N. Charles St., Baltimore (A)

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m.	K	1 2	H 1	E 43	H 1	() H	1 1 24 /	A

Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: (Eon newborn infants give residence of mother)

3. (b) Social Security Number

(If rural, give LOCATION)

2.(a) ti veleran, name war.....

3. (a) FULL NAME

1'8 le

1. PLACE OF DEATH:

County Allerany

How long in above place of death?.... Hospital, Institution, or street address where dead occurred

r. The co

information carefully of death clearly and

item of i

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important.

BINDING

RESERVED

Henry Adam Spies 5. Color or race 6.(a) Single, married, widowed, or divorced

73 years

MEDICAL CERTIFICATION

7. Birth date of deceased (mo., day, yr.)

Now long in hospital or instilution?.....

White

Months 8. AGE:

11. Industry or business

14. Malden na 15. Birthplace 16. Informant...

(Burial, cremation, or removal, Whish (month) (day) (year)

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 15. 19.44 to Feb. 6 19.45 and that I last saw h imalive on Feb. 6. 19.45. Immediate cause of death....

20. DATE OF DEATH February 6, 10 45 at 8:45 AM

Carcinoma of

(Include pregnancy within 3 months of death)

Major fiedings of operations. None

PHYSICIAN: Please ooderline the caose to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Where did injury occur?(City or town)

(County) Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

Cumberland

Date signed 2-7-45

PLAINLY, vis especially WRITE

RECEIVED
FEB 13 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01282

2-15-45

CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred How long in hospital or institution?	2. USUAL RESIDENCE (FIOME) O (For newborn infants give residence of State	mother) unity S, write RURAL and givengarest town)
3. (a) FULL NAME PLACE 1. Sea 1. Color or race	kers	3. (b) Social Security Number
Timale White Widnight	0 2 7 1 7	ERTIFICATION
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date ebo	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h. E.P allve on 2-1 Immediate cause of death	
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to.	l yr.
11. Industry or business 12. Name 12. Name 13. Birthplace	Dther conditions	
14. Maiden name. Isanonimo.	(Include pregnancy within 3 a	
Address 16. thiormani Address 17. (Burlal, cremation, or removed Which?) Date thereof (nyonth) (dry) (year)	Antopsy results. PHYSICIAN: Please underline the cause to will 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	bich death should he charged statistically. uses, fill in the following; Date of
Cometery or crematory	Where did injury occur?(City or town) Injured at home, farm, industry, public Pace (wi	
18. Funeral director	Means of Injury	Injured at work?
19. Tel 17. 18 45 Winter R. Hantzy M. Registrar	23. SIGNATURE	M. D. or other Id. Date signed 2-125-4.

RECEIVED

FEB 21 1945

BUREAUTE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF D	EATH:	llegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Other and some	Cumb	erland	State laryland county Allegany		
City or town			City or town		
			. (If outside city or town limits, write RURAL and give ne	arest town)	
nospitat, institution,	Allegany	Hospital	Street No. 23 Sq. Lee St ((frural, rive LOCATION)	•••••	
Allegany Hospital How long in hospital or institution? 5 Minutes			2.(g) tf veteran, name war.	000000000000000000000000000000000000000	
3. (a) FULL NA	ME		3. (b) Social Security		
S. (a) POLL NA	Ashb	y Sponaugle	None		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Lale	White	Widowed	20. DATE DF DEATH February 24th., 19.45	,at 5:15 ^P	
6.(b) Name of husbar	nd or wife	ry C. Sponaugle	21. I CERTIFY that death occurred on the date above stated; that I attended dece	eased from	
			19, to		
7. Birth date of	N.W.	ember 21, 1865	and that I last saw h		
deceased (mo., day	ars Months	Days tf tess than one day	Immediate cause of death	. DURATION	
79	3	3hrsmlr	Coronary Occlusion		
			***************************************	***	
8. Birthplace	rcileville,	Pennelton Co, W. Va.	Due to	***************************************	
		Farmer			
	f		Due to		
11. ledostry or bush	Togob Cy	eming		***************************************	
12. Name			Dther conditions	000000000000000000000000000000000000000	
		Virginia	(Include pregnancy within 3 months of death)		
14. Malden nan	Roxena l	<u>Cetterman</u>	Major findings of operations.	********************************	
14. Maiden nam	West	Virginia	Bate of op.		
		Sponaugle	A-t no autopsy	000000000000000000000000000000000000000	
	7 1. Frost		PHYSICIAN: Please underline the caose to which death should be charged	statistically.	
			22. VIOLENCE: If death was due to external causes, fill in the following:		
17. I	orial	Date thereof 2/28/45 (month) (day) (year)	Accident, suicide, or homicide		
(Buriai, cremat	Ho	ome Cemetery	Where did injury occur?	(State)	
Cemetery or crem					
Location		ng Grounds, W. Va.	lelured at work?	***************************************	
18. Funerat director	Villi	iam H. Kight	Means of Injury Injured at work?		
Address		cland, Ud.		74 To R	
0 .		111.1 07 +	23. SIGNATURE TO LA	or other	
19. 100	27, 1845	- Willer K. Trank, M. o. Registr	Cumberland, Maryland Date signed	2-25-45	

Address... Deputy

age

ADING INK. Supply every item of information carefully. The cophysicians: please write the causes of death clearly and legibly.

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PLAINLY, v is especially

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PLEASE

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ARGIN RESERVED

MAR 6 1945
BUREAU V.S.

BE THE TANK OF STREET

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

Reg. Dist. No.

01284

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State PENNSYLVANIA County BEDFORD HYNDMAN (If outside city or town limits, write RURAL and give nearest town) ROUTE #1 (If rural, give LOCATION) 2.(a) If veteran, name war.		V
3.(a) FULL NAME PAMELA LEE STAIR				3. (b) Social Security N	lumber
4. Sex 5. Color or race FEMALE WHITE 6.(6) Name of husband or wife	6.(a)Sing		19	3 19 4.5, ove stated; that I attended decease	sed from
7. Birth date of deceased (mo., day, yr.) May	24.194	c) If alive, give agey	and that I last saw h	3/45	19
8. AGE: Years Mony 8	Days	If less than one day	Immediate cause of death	shake	2 mes
13. Birthplace PENNSY	STAIR		Due to		
14. Malden name	MARY H	IAINES	(Include pregnancy within 8 months of death) Majur findings of operations		
16. Informant MEM OR IA Add C UMBERL		ITAL ARYLAND	Autopsy results. PHYSICIAN; Please underline the cause tu w	•••••	**********
17. Berzal (Burial, cremation, or remove Whiel Cemetery or cremetery Location Cemetery 18. Funeral director Have Address Hepalus	Date there	ount (regle) (lay) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of(County)	(State)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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FEB 13 1945

BUREAU V.S.

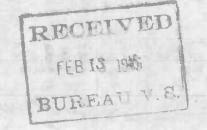
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

	EATH:		2. USUAL RESIDENCE (HOME)	OF DECEASED:
County. ALL	EGANY UMBERLAND		(For newborn infants give residence of	mother) MINERAL
(If outside city or town limits, write RURAL and give nearest town)			KEYSER. W.X	/A •
How tong in above place of death?			(If outside city or town limi	ts, write RURAL and give near
How long in hospital or institution?			(If rural, giv	e LOCATION)
3. (a) FULL NA			2.(a) If veteran, name war	3. (b) Social Security N
, ,	FREDERIC	K SUTER		none
4. Sex MALE	5. Color or race WHITE	6.(a)Single, married, widowed, or divorced CHILD	MEDICAL C	ERTIFICATION
	***************************************	011140	20, DATE OF DEATH	19.45
6.(b) Name of husba	nd or wite		21. I CERTIFY that death occurred on the date at	
7 Dieb date of	<i>^ ^ ^ ^ ^ ^ ^ ^ ^ ^</i>		ars Jan 10 th 19	43 to 50
deceased (mo., day	y, yr.) april	30,1938	and that Nast saw h.A.A.A. alive on	
8. AGE: Yes	ars Months	Days VI less than one day	Energlado -	neuroles
7417	6 9 1	0 mi	In. August	waln
9. Birthplace WE	ST VIRGIN	IA Lee DOL Minisal C	O Days Heart	< 1 DT
3. Dirtiipide	(Town.	county, and state)	Due to	The testing
1D. Usual occupation	CHILD	county, and style)	4.00000	Holem
1D. Usual occupation	CHILD	county, and style)	Due to.	Ja Colone
1D. Usual occupation	CHILD ARI, SUTER	county, and style)	4.00000	Statem
10. Usual occupation 11. Industry or busin 12. Name	CHILD ARI, SUTER	GINIA, Keyser	Due to	
10. Usual occupation 11. Industry or busin 12. Name	CHILD ARL SUTER WEST VIRO PRISCIL	GINIA, Keyser	Other conditions	montha of death)
1D. Usual occupation 11. Industry or busin 12. Name	CHILD ARL SUTER WEST VIRO PRISCIL	GINIA, Keyser LA FLEMANG RGINIA, Rada	Other conditions	montha of death)
10. Usual occupation 11. Industry or busin 12. Name	CHILD ARL SUTER WEST VIR PRISCIL WEST VII MEMORIAL	GINIA, Keyser LA FL EIMAN IG RGINIA, Rada HOSPITAL	Other conditions	months of death) Date of op.
1D. Usual occupation 11. Industry or busin 12. Name	CHILD ARL SUTER WEST VIRO PRISCIL	GINIA, Keyser LA FL EIMAN IG RGINIA, Rada HOSPITAL	Other conditions	months of death) Date of op. Airh death sland be charged at
1D. Usual occupation 11. Industry or busin 12. Name	CHILD ARL SUTER WEST VIR PRISCIL WEST VII MEMORIAL CUMBERLA	GINIA, Keyser LA FLEIMANG RGINIA, Rada HOSPITAL ND, MARYLAND Date thereof Jeb. 14,1945	Other conditions (Include pregnancy within 8 Major findings of operations. Autopsy results. PHYSICIAN: Please undiffig the cause to we	montha of death) Date of op. With death stands be charged as uses, ill in the distance of the continuous of the contin
10. Usual occupation 11. Industry or busin 12. Name	CHILD ARL SUTER WEST VIR PRISCIL WEST VII MEMORIAL CUMBERIA	GINIA, Keyser LA FLEMANIG RGINIA Rada HOSPITAL ND, MARYLAND	Other conditions (Include pregnancy within 3 Major findings of operations. Autopsy results. PHYSICIAN: Please und this the cause to we	months of death) Date of op. With death shand be charged as uses, ill in the collowings. Date of
1D. Usual occupation 11. Industry or busin 12. Name	CHILD ARL SUTER WEST VIR PRISCIL WEST VII MEMORIAL CUMBERIA	GINIA, Keyser LA FLEIMANG RGINIA, Rada HOSPITAL ND, MARYLAND Date thereof Jeb. 14,1945	Other conditions (Include pregnancy within 8 Major findings of operations. Autopsy results. PHYSICIAN: Please underling the cause to w 22. VIOLENCE: It death was due to external ca Accident, suicide, dr homicide. Where did injury occur? (City or town)	montha of death) Date of op. With death signal beachaged as the control of the
10. Usual occupation 11. Industry or busin 12. Name	CHILD ARL SUTER WEST VIR PRISCIL WEST VII MEMORIAL CUMBERIA	GINIA, Keyser LA FLEIMANG RGINIA, Rada HOSPITAL ND, MARYLAND Date thereof Jeb. 14,1945	Other conditions (Include pregnancy within 3 Major findings of operations. Autopsy results. PHYSICIAN: Please underling the cause to we cause to we cause to where did injury occur? (City or town) trijured at home, farm, industry, public place (not consider the cause to we caus	months of death) Date of op. With death shall be chared a uses, ill in the redowings. Date of (County)
10. Usual occupation 11. Industry or busin 12. Name	CHILD ARL SUTER WEST VIR PRISCIL WEST VII MEMORIAL CUMBERLA on, or removal. Whichill alory.	GINIA, Keyser LA FLEIMANG RGINIA, Rada HOSPITAL ND, MARYLAND Date thereof Jeb. 14,1945	Other conditions (Include pregnancy within 8 Major findings of operations. Autopsy results. PHYSICIAN: Please underling the cause to w 22. VIOLENCE: It death was due to external ca Accident, suicide, dr homicide. Where did injury occur? (City or town)	montha of death) Date of op. With death signal beachaged as the control of the
10. Usual occupation 11. Industry or busin 12. Name	CHILD ARL SUTER WEST VIR PRISCIL WEST VII MEMORIAL CUMBERLA on, or removal. Whichill alory.	GINIA, Keyser LA FLEIMANG RGINIA, Rada HOSPITAL ND, MARYLAND Date thereof Jeb. 14,1945	Other conditions (Include pregnancy within 3 Major findings of operations. Autopsy results. PHYSICIAN: Please underling the cause to we cause to we cause to where did injury occur? (City or town) trijured at home, farm, industry, public place (not consider the cause to we caus	months of death) Date of op. With death shand be charged as uses, ill in the redowings. Date of (County)

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RGIN RESERVED FOR BINDING ADING INK. Supply every item of information carefully. The correct age. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UMF is especially important

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Dr.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboro infants give residence of mother)	
County.	state rud county allog	any
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town Swanton	J
Now long in above place of death 3 3	(If outside city or town limits, write RURAL and give ne	arest town)
Hospital, Institution, or street address where death bocurred:	Street No	000000000000000000000000000000000000000
How long in bospital or institution?	2.(a) If veteran, name war	***********
3.(a) FULL NAME	. (a) Social Security	Number
3.(a) FULL NAME Wartha Virgin	na sweitzer you	2
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION	~3d
Female while widowed	20. DATE OF BEATH Telunous 24 19.45	at 71 m
6.(6) Name of husband or wife. Jeremal Sweetzei	21. I CERTIFY that death occurred on the date above stated; that I attended dece Tebrus 24 19. 45 to Tellum	eased from
7. Birth date of	and that I last saw h	
deceased (mo., day, yr.) Warch 12, 1875	Immediate cause of death	DUBATION
8. AGE: Years Mouths Days It less than one day	acute corney acalians	I hour
69 11 12nismis.	<i>V</i>	
8. Birthplace Swanton Garrell Co, Mid	Due to	mong year;
10. Usual occupation Houseworks	Bue to	***************************************
11. Industry or business of Howe		
12. Name andrew 9. Friend 13. Birtholace Friendsville Mid	Diter conditions arterial Engrutemm	2 years
	(Include pregnancy within 3 months of death)	
14. Malden same Mahala & Growning. 15. Birthplace Garrett Co. Lyd.	Major findings of operations.	**********************
2 15. Birthplace garrett Co. lyd.	Date of op.	
18. leformast Deduced Sweetze	Autopsy results	
Address R & 3 Cumberland and	PHYSICIAN: Please underline the cause to which death should be charged	strustically.
17 Birial Date thereof Feb 26 1945	22. VIOLENCE: If death was due to external causes, till le the following; Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) (month) (day)/(year)	Wedlerstiff entered of nomination	
Cemetery or crematory.	Where did injury occur?	
Location Subauld and	trijured at home, farm, Industry, public piece (where?)	
18. Funeral director	Means of Injury Injured at work?	
Address Climbertand Red.	LAMINES MD	
10 Del. 26 1945 Marke Or Just Med	23. SIGNATURE. M. D.	2-24-53
19. Registrar	Address Date signed	2 - 7 - 73

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 450

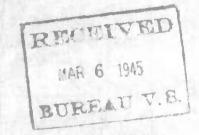
CERTIFICATE OF DEATH

eg.	Dist.	No.	6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Delagage State	(For nowborn infants give residence of mother)	
City or town	State County County	my
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give near	reat town)
Hospital, instillution, or street address where death occurred:	Street No.	,
¥	(if rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME	3. (b) Social Security 1	Number
Louis Trederick 1	asker	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	10
mule White married	20. DATE OF DEATH. 225. 27. 19.45.	at 9:0.00
6. (b) Name of husband or wife Olumbia Names	21. I CERTIEN that death occurred on the date above stated; that I attended decea	sed from
Manha. I	Jeb 24 1045 10 Jal 27	19.45
7. Birth date of	and that I last saw h. kin alive on Ft-24.	13 45
deceased (mo., day, yr.) 8. A.G.E. Years Months Days If less than one day	Immediate Cause of death	DURATION
00 13	an few Schroses	2 47
88 0 13 min	Chronic my occardition	• /
9. Birthplace	Due to Pronche preumonia	2 days
James		
1D. Usoal occupation	Due to	***********************
11. Industry or business Supul Salam		********************
E 12. Name Saul Jasker	Other conditions Cancer lower Cips	142
13. Birthplace pyranlow, ma.	(Include programmy within 3 months of death)	
14. Malden name lementine spare		
15. Birthplace Xitamiller ml.	Major findings of operations	
18. Informant Harley Lasker	Autopsy results.	
of the lake made	PHYSICIAN: Please underline the cause to which death should be charged a	tatistically.
Address It established.	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Watch?)	Accident, suicide, or homicide	
Cometery or crematory Thursday Company	Where did injury occur?	(State)
Location Western Root 20	Injured at home farm, industry, public place (where?)	
18. Funeral director, Mas I And Soul Bense	Meaos of Injury Injured at work?	
Address & Sley back, Dod.	T. Amme. Thomas	ma h
m. 1 15 all aut a the	23. SGNATURE W WCCALL LECCE	r other
Data ree'd by registrar) Registrar	Clubrapant my	-1.4.5

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNI

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2411 N. Charles St., Baltimore (B2)

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Dist.	No.	,	7

CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nawborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAM and give nearest fawn) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Land Richard	January Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Colored Direct 6.(b) Name of husband or wife. 8.(c) If alive, give age	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.43, to 19.43
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 65 3 18	and that I last saw have alive oo 19 40 19 19 19 19 19 19 19 19 19 19 19 19 19
10. Usual occupation. 11. Industry or business 12. Name Tought	Due to
14. Maiden name Paria 77 and 15. Birthplace Darten Ma Abel 16. loformant Columbrate Care Abel	(Include prognancy within 3 months of death) Major findings of operations. Bate of op.
Address 2, 2 13, or devery, Freshing 17. B. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location T	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other, Address Address Address Bate standard 1943

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING PLEASE WRITE VS A15

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MAR 6 1945

SUREAU V.S.

DURATION

THE REPORT OF THE PERSON OF A TRANSPORT OF THE PERSON OF T RECELL 1945
BUREAU V. 8.

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIEICATE OF DEATH

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CERTIFICAT	E OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (if outside city or town limits, write RURAL and give nearest town)	State County The garage	
How long in above place of death? #O Y SAV 3 Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)	
120 S. Mechanic St.	(If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3.(a) FULL NAME Ethel Araminto Treta	poe 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F W Widowed	20. DATE OF DEATH. Tell 27 1947 at 11:30 M	
6.(6) Name of husband or wife. Exact Tretopoe S.(c) If alive, give age	21. I CERRIFY that death occurred on the dato above stated: that attended deceased from	
7. Birth date of	and that last saw h alive on Jel 27	
deceased (mo., day, yr.) April 2.7, 1884 8. AGE: Years Months Days If less than one day	Immediate cause of death	
60 / A 0mio.	Un myseardites 10 ps	
9. Birthplace. (Town, county, and state)	andrene of both feet int.	
10. Usual occopation. House Keeper	Due to.	
11. Industry or business Own home 12. Name Pobert House Manhead 13. Birthplaco Pa.	Other conditions	
14. Maiden name Laura 55/elds 15. Birthplaco Pa.	(Include pregnancy within 3 months of death) Major findings of operations	
≥ 15. Strthplaco Pa.	Bate of op.	
16. totormant Atanahan Sanghan	Autopsy results	
Address / Raiviser, Ne, Va.	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cometery or crematory Those Sill Cometery	Where did injury occur?	
Location County ber las dy Md.	Injured at home, farm, Industry, public place (where?)	
19. Funeral director	Meaos of Injury Injured at work?	
Address Capaballand, rest.	23. SIGNATURE Just R. Wellast to D	
19. Mar/3 145 Wester R. Stants, M. L. (Date rec'd by registrar) Registrar	Address 36 Cheane St Date signed 3/2-45	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 6 1945
BUREAU V.S

MARYLAND STATE DEPARTMENT OF HEALTH

CEPTIFICATE OF DEATH

1. PLACE OF DEATH;	2411 N. Charles St., CERTIFICATE (Reg. Dist. No
original County Allegae	State. City of death occurred Street	SUAL RESIDENCE (HOME) OF (For newborn infants give residence of a country of town (If outside city or town limits to the country of the count	nother) Allegange Write RURAL and give nearest town)
3. (a) FULL NAME Rase	eda Virginia Tev	199	3. (b) Social Security Number
4. Sex 5. Color or race 7. Color or race White 6. (b) Name of husband or wife	6.(a) Single, married, widered, or divorced	MEDICAL CE	RTIFICATION 4 19 45 at 50
7. Birth date ot deceased (mo., day, yr.) 8. AGE: Years Months 7. Birth date ot deceased (mo., day, yr.) 7. Birth date ot deceased (mo., day, yr.) 8. AGE: Years Months 7. Birth date ot deceased (mo., day, yr.)	6.(c) It alive, give age years and the	at I last saw.halive on	19. 19. 19. 19. DURATI
10. Usual occupation	Dua to.	conditions	
HLLIAM 14. Malden name	md	(Include pregnancy within 8 m	
18. Informant	Date thereot (month) (lay) (year) PHYS 22. VI Accide	results. ICIAN: Please nuderline the cause to whi IOLENCE: If death was due to external caus nt, suicide, or homicide	es, filt in the toilowing;
Cemetery or crematory Location 18. Fuoeral director Address Columbia	Stone Jesa Means	at home, farm, industry, public place (who of injury	
19. Feb. /5 19.45 (Date rec'd by registrar)	Winter R. Tlants M. Address	(2 1.0.0	M. D. or other

RECEIVED FEB 21 1945 STEP FATI V. F.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 32

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CERTIFICATE OF DEATH

Reg. Dist. No.

Pi	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County allegany	State Tud county allegans.
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Kural year Cumberland.
How long in ebove place of death?	(If outside city or town limits, write RUBAL and give nearest town)
allegany Hospital	Street No. Eastman Food (If rurai, give LOCATION)
How long in hospital or Ustitution? O 2 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
acrah agrace	217-10-6569
4. Sex 5. Color or raco 6.(a) Single, married, without or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH TE Bruary 1 7 1943 21 11 8 M
6.(b) Name of husband or wife. Maure George	21. I CERTIFY that death occurred on the date where stated; that I attended deceased from
7. Birth date of	february 14 19 40, 10 Jeburne 19 45
7. Birth date of decoased (mo., dey, yr.) Feb 28, 1894	and that I last saw how allve on the strang 19 DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
50 11 19hrsmin	
8. Birthplace Met Salae Park garrett B. Zud.	Due to An Bestege from 6 years
(Town, county, and grate)	my fearaleties beginning
10. Usual occopation.	Due to
11. Industry of practices	
12. Name eremal apole	Other conditions
10 . 01 . 0.	(Include pregnancy within 8 months of death)
14. Malden name UEuuna Collins 15. Birthplace W- Va	Major findings of operations.
Muse all the	Date of op.
18. Informant	Autopsy results
Address Costwar food - Christiana Ma	22. VIOLENCE: It doath was due to external causes, fill in the following:
(Burial, cremation, or removal. Which) Date thoreof (month) (day) (year)	Accident, suicido, or homicide
Cemotery or crematory Tillcrest Cemetery	Where did injury occur?
Location Cumbelland, and	injured at home, tarm, industry, public place (whore?)
18. Funeral director John J Hafer	Means of injury injured nt work?
Address Chuberland, The	of B. P. The the
Jel 20 11- White Offert	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address Cumberland Mel Dato signed 2/20/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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8/26

.8:55 Pm

1944 DURATION

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MARYLAND STATE DEPARTMENT OF HEALTH

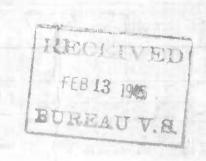
2411 N. Charles St., Baltimore 47 Jan

CERTIFICA	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: Gounty Allegany City or town Cumberland, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, isoliution, or street address where death occurred: Memorial How tong in hospital or institution? 1 hours	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City Howar Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. McKenzie Apts. Narrows Park (If rural, give LOCATION)
3.(a) FULL NAME Mr. Charles Valentine	3. (b) Social Security Number 2/9-03-8/2
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH February 17 19.45
6.(b) Name of husband or wife Lily T. Welsh 6.(c) If alive, give age 61 year 7. Birth date of deceased (mo., day, yr.) October 29, 1870 8. AGE: Years Months Bays If less than one day 74 min.	Immediate gose of death DUR
9. Birthplace Maryland (Town, county, and state) 10. Usuat occupation Unable to Work 11. Industry or business 12. Name James Valentine 13. Birthplace Maryland 14. Molden come Elizabeth Welsh	Bue fo. Cacumound g haruyk - 21. Bue fo. Bther conditions (Include pregnancy within 8 months of death)
15. Birthplace Maryland 16. Informanf Memorial Hospital	Major fiedings of operations
Address Cumberland, Maryland 17. Burial Bate thereof Beb. 21.1945 (Burial, cremation, or removal, Which?) Cemefery or crematory Zion Memorial Cem. Location Cumberland, Md. 18. Fuoeral director Charles L. George Address Cumberland, Md.	22. VfOLENCE: If death was due fo external causes, fill in the following; Accident, suicide, or homicide



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1. PLACE OF DEATH:) M	2. USUAL RESIDENCE (HOME)	OF DECEASED:
City or town	30, Years ath occurred: rginia Ave.	State Laryland c Cumberla City or town (If outside city or town limi Street No. 228, Arch St (If rural, give	ounty Allegany
	ia Brooke Wassen		3. (b) Social Security Number None
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION
Female White	Married	20. DATE OF DEATH. February	lst., 1945 at 3:451
6.(b) Name of husband or wife	les E. Wassen	21. I CERTIFY that death occurred on the date e	
***************************************		ırs 19	
/. Kirin naie of	1. 1885 1888	and that I last saw halive on	19
8. AGE: Years Months	Days It less than one day	Immediate cause of death Coronary Occl	usion
58 56 10	Ohrsml	п.	
11. Industry or business Own He	se Wife ouse	Due to	
E 12. Name James Edd. 13. Birthplace Staw	ins nton, Va.	- Dther conditions	
E 14 Molder name Flore	ence Peterson	(Include pregnancy within 3	months of death)
14. Malden name Flore 15. Birthplace Staum	ton Va		
	Wassen	no autopsy	Date of op.
Address 228. Arch St		PHYSICIAN: Please underline the cause to w	
17. Rurial (Burial, cremation, or removal, Which?) Cometery or crematory. Rose H	Date thereof 2/4/45 (month) (day) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of
			(County) (State)
Cumberland	I		
Location Cumberland	Kight	Means of trijury	Injured at work?



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2411 N. Charles St., Baltimore 9450

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Diat.	No.	

CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn Infants give residence of mother) State County City or town (It outside city or town limits, write RURAL and give nearest town) Street No. 16 (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME To her Patric	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced These White Single married, widowed, or divorced Color or race 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH February 15th
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Floriths Days If less than one day 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Floriths Days If less than one day 7. 7. 7	Immediate cause of death Coronary Occlusion DURATION
9. Birthplace	Bye to Other conditions
14. Maiden name Angage Action 15. Birthplace 16. Informant Assaul F. Mullau Address Personal Mud	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
11	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. Address 19. Delt. 15. 1945 Winter R. Dranty, M.D. (Date rec'd by registrar)	23. SIGNATURE Cumberland Maryland 2-15-4

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every item of information carefully. The cite the causes of death clearly and legibly

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Address .. Deputy Medical Examiner

RECEIVED FEB 21 1945 BUREAU V.S.

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2411 N. Charles St., Baltimore 830

eg.	Dist.	No

2.14.45

CERTIFICA	IE OF DEATH Reg. Dist. No.	10 00 00 000
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Formewborn/Infants give residence of mother) Stale	H
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME Harry Seymour	Wilson 3. (b) Social Security Number	
Male White married maried	MEDICAL CERTIFICATION 20. DATE DF DEATH. 20. 1.2, 1945 at .5 21. I CERTIFY that death occurred on the dale above stated; that I alrenged deceased from	30.
B.(b) Name of husband or wife 8.(c) If allve, give tige 6.5 years T. Birth date of deccased (mo., day, yr.) May 16, 1875	and that t last saw h	44
8. AGE: Years Months Days If less than one day 8. AGE: Age months Days If less than one day 8. AGE: How min.	Immediato cause of death Where & Clinic Contrat Epoplety 1 do	-
9. Birthplace Meslerabort alleg. Mr. Town, county, and state) 10. Usual occupation Mines	Due to	
11. Industry or business Coal mine 12. Name Jacob Hilson 13. Birthplace Jost River, W. Va.	Gther conditions	
14. Maiden name.	(Include pregnancy within 3 months of death) Major findings of operations.	
18. Informant Br. Conest Hilson	Autopsy results	*********
Address Health Day (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(000 30000
Location Westernson na	Where did injury occur?	
18. Funeral director Mas. Hay Joak Berry Address Weslernbart, Md.	Means of Injury 23. SIGNATURE RAYMON TO Leaves M.	1
19. Onto rec'd by registrar) 19. Registrar	M. D. or other	4.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore Bra CERTIFICATE OF DEATH

CERTIFICA	IL OI DLAIII	Reg. Diat. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write FURAL and give nearest town) How long in above place of death? Nospital, institution, or street address where wath occurred:	City or town (If outside city or town limits	mother) Allegany After RURAL and give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Qoseph Esteider		3. (b) Social Security Number 220-03-7826
4. Sex Male 15. Color or race 6.(a) Single, married, wildowed, or divorced White Lingle	MEDICAL CE	ERTIFICATION 1945 JUNE 1945 JUNE 1948
8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mogras Days tf less than one day 6.3 9 9 hrs. min. 9. Birthplace Days (Town, county, and state)	and that I last saw h	X 10 2-14 19
10. Usual occupation	Due to	
12. Name George Gerder	Other conditions.	esthma longs
14. Malden name Sarah Middleton 15. Birthplace Par Par V. Va.	(Include pregnancy within 3 r	
18. Informant Glarge Krapf. Address 106 H. main St. Frosthurg my	Autopsy results PHYSICIAN: Please underline the cause to wi	ses, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof 2/145 (month) (day) (year) Cemetery or crematory all gany ameling	Accident, suicide, or homicide	
Location Frostling Taryland 18. Funoral director Jacob & Hafen	Injured at home, farm, industry, public place (will Means of Injury	injured at work?
Address Frostling Maryland	23. SIGNATURE HIL COM	M. D. orgeling
19. d — 6 19. Ls — Mus. Meucy V. Jus. Registrar	Address - Augustus	Replace signed 45/X5

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PLEASE WRITE PLAINLY, WITH UNITADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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